

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90087 043 ***150.00

DOCUMENT # P00000105317

1. Entity Name
LOCAL ROOFING INC.

Principal Place of Business
5602 FT. PIERCE BLVD.
FT. PIERCE FL 34951

Mailing Address
5602 FT. PIERCE BLVD.
FT. PIERCE FL 34951

B0136058



2. Principal Place of Business
7106 Plumosa Ln.
 Suite, Apt. #, etc.

3. Mailing Address
7106 Plumosa Ln.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Pierce Fl.
 Zip
34951

City & State
St. Pierce Fl.
 Zip
34951

4. FEI Number **65-1061239**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEWLAND, RICHARD A
5602 FT. PIERCE BLVD.
FT. PIERCE FL 34951

7. Name and Address of New Registered Agent

Name
Newland, Richard A
 Street Address (P.O. Box Number is Not Acceptable)
7106 Plumosa Ln
 City **St. Pierce** **FL** Zip Code **34951**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard A Newland** (NOTE: Registered Agent signature required when reinstating) DATE **09-03-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	newland, Richard A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLAND, RICHARD A		NAME	7106 Plumosa Ln.	
STREET ADDRESS	5602 FT. PIERCE BLVD.		STREET ADDRESS	St. Pierce Fl. 34951	
CITY-ST-ZIP	FT. PIERCE FL 34951		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **09-03-02** 772-595-0890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (4/02)

Attachment
P00000105317

To whom it may concern,

This is the first letter that
we have received all year. I
called the number on the letter
and the man told me to send a
check just for the \$150.00.

Thanks

Kelley A. King

Any questions
please call Jan
at 772-595-0880