

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90081 003 \*\*\*158.75

**DOCUMENT # P00000107185**

1. Entity Name  
**BONTRAGER ROOFING, INC.**



Principal Place of Business  
**32803 SINGLETARY ROAD  
MYAKKA CITY FL 34251**

Mailing Address  
**33011 SINGLETARY ROAD  
MYAKKA CITY FL 34251-9523**



2. Principal Place of Business

3. Mailing Address

**32803 Singletary Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FFL Number **65-1056943**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**34251**

**Manatee**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNER, RANDY  
33011 SINGLETARY ROAD  
MYAKKA CITY FL 34251-9523**

Name  
**Floyd Bontrager**  
Street Address (P.O. Box Number is Not Acceptable)  
**32803 Singletary Rd**

City **Myakka City** FL Zip Code **34251**

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 **Floyd Bontrager** **Floyd Bontrager** **P.V.T.S.** **2-5-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVD</b>	<input type="checkbox"/> Delete
NAME	<b>BONTRAGER, FLOYD</b>	
STREET ADDRESS	<b>32803 SINGLETARY RD</b>	
CITY-ST-ZIP	<b>MYAKKA CITY FL 34251</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CONNER, RANDY</b>	
STREET ADDRESS	<b>33011 SINGLETARY RD</b>	
CITY-ST-ZIP	<b>MYAKKA CITY FL 34251-9523</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P.V.T. S. O.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bontrager Floyd</b>	
STREET ADDRESS	<b>32803 Singletary Rd</b>	
CITY-ST-ZIP	<b>Myakka city FL 34251</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)