

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90144 002 ***150.00

DOCUMENT # P01000010551

1. Entity Name
HALIFAX ROOFING, INC.



Principal Place of Business
**3917 CARDINAL BLVD
WILBUR BY THE SEA FL 32127**

Mailing Address
**3917 CARDINAL BLVD
WILBUR BY THE SEA FL 32127**

2. Principal Place of Business
1026 PALM VIEW DR.

3. Mailing Address
1026 PALM VIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SOUTH DAYTONA

City & State
SOUTH DAYTONA

4. FEI Number
59-3696671

Applied For
Not Applicable

Zip
32119

Country
FLORIDA

Zip
32119

Country
FLORIDA

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

**LOCKWOOD, JAMES
3917 CARDINAL BLVD
WILBUR BY THE SEA FL 32127**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOCKWOOD, JAMES
3917 CARDINAL BLVD
WILBUR BY THE SEA FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 (386) 788-8191
Date Daytime Phone #

CR2E034 (10/02)