

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-14-2002 90280 024 ***150.00

DOCUMENT # P01000018156

1. Entity Name

B & A ROOFING AND CONSTRUCTION, INC.

Principal Place of Business

17150 NE 40TH ST.
 WILLISTON FL 32696

Mailing Address

17150 NE 40TH ST.
 WILLISTON FL 32696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

159-37010747

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANNAN, SHARON C CPA PA
 161 N. MAIN ST.
 WILLISTON FL 32696

7. Name and Address of New Registered Agent

Name: Angela D. Gillman
 Street Address (P.O. Box Number is Not Acceptable):
17150 NE 40 ST.
 City: Williston FL 32696

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.

SIGNATURE

Angela D. Gillman

Signature, typed or printed name of registered agent only (do not use if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	D	Delete
NAME	PERRYMAN, ARTHUR L	
STREET ADDRESS	17150 NE 40TH ST.	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	Delete
NAME	HARKNESS, ROBERT K	
STREET ADDRESS	4190 NW 157TH ST.	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

ARTHUR L PERRYMAN 4-28-02 (352) 528-0796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)