

FILED
May 29, 2002 8:00 am
Secretary of State

03-24-2002 90085 041 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000020544**
 1. Entity Name
CARRUTH ROOFING CO., INC.

Principal Place of Business 16115 S W 117TH AVENUE SUITE 25 MIAMI FL 33177	Mailing Address 16115 S W 117TH AVENUE SUITE 25 MIAMI FL 33177
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7430 Miami Lks Dr. Suite, Apt. #, etc. E105	3. Mailing Address PO Box 4607 Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 59-1114042	Applied For Not Applicable
Zip 33014	Country USA	Zip 33014	Country USA

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

6. Name and Address of Current Registered Agent
ABERCROMBIE WRAY
 16115 S.W 117TH AVENUE
 SUITE 25
 MIAMI FL 33177

7. Name and Address of New Registered Agent
 Name **JOHN CARRUTH**
 Street Address (P.O. Box Number is Not Acceptable)
~~PO BOX 4607~~
7430 MIAMI LAKES DR E105
 City **MIAMI LAKES FL** Zip Code **33014**

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 *John C. Carruth* **3-6-02**
Signature typed or printed name of registered agent and title if applicable. (Not Registered Agent signature required when renewing) DATE

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 \$650.00
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 NAME STREET ADDRESS CITY-ST-ZIP	ABERCROMBIE WRAY <input checked="" type="checkbox"/> Delete 16115 SW 117th AVE SUITE 25 MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete JOHN C. CARRUTH 7430 MIAMI LAKES FL E105 MIAMI LAKES FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN CARRUTH 7430 MIAMI LAKES DR E105 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John C. Carruth* **3-6-02** **305-759-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (9/01)