,2002 UNIFORM BUSINESS REPORT (UBR)

P01000041087 DOCUMENT #

1. Entity Name

ALLISON ROOFING SYSTEMS, INC.

Principal Place of Business 1653 WHITE PLAINS TERRACE N

FT MYERS FL 33903

Mailing Address

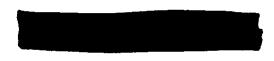
1653 WHITE PLAINS TERRACE N

FT MYERS FL 33903

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Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\dashv	
City & State		City & State	· · · · · · · · · · · · · · · · · · ·		
Zin	Country	7io	Countries		

Sep 26, 2002 8:00 am Secretary of State

09-05-2002 90042 015 ***558.75



DATE

DO NOT WRITE IN THIS SPACE

C:2. B C1-1-							
City & State	•	City & State			4. FEI Number		Applied For
_	- , 				65-110	20684	Not Applicable
Zip 	Country	Zip	Count	.	5. Certificate of Sta	tus Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALLISON, JOH	ML.			Name			
ICEA MARTE DI MINO TERRACE M			Street Address (P.O. Box Number is Not Acceptable)				

1653 WHITE PLAINS TERRACE N FT MYERS FL 33903

City 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

(NOTE: Registered Agent signature required when reinstating)

the obligations of registered agent.

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable.

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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change ☐ Addition ALLISON, JOHN L NAME 1653 WHITE PLAINS TERRACE N STREET ADDRESS STREET ADDRESS FT MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition ALLISON, JOHN L II NAME NAME 1653 WHITE PLAINS TERRACE N STREET ADDRESS STREET ADDRESS FT MYERS FL 33903 CITY-ST-7IP CITY-S1-79 TITLE ☐ Delete TUTLE Change ☐ Addition BEARD, CHARLES A NAME NAME 3330 EDISON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH FT MYERS FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CfTY-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 Chapter 607, Florida Statutes.