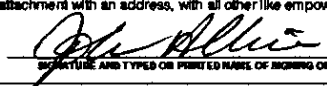


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90127 002 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000041087					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1100884	
Zip		Zip		Country	
Country		Country		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	
ALLISON, JOHN L 1653 WHITE PLAINS TERRACE N FT MYERS, FL 33903				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 _____ (NOTE: Registered Agent's signature required when electing) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee					
10. OFFICERS AND DIRECTORS					
TITLE	PTD	☐ Delete			
NAME	ALLISON, JOHN L				
STREET ADDRESS	1653 WHITE PLAINS TERRACE N				
CITY-ST-ZIP	FT MYERS, FL 33903				
TITLE	VD	☐ Delete			
NAME	ALLISON, JOHN L II				
STREET ADDRESS	1653 WHITE PLAINS TERRACE N				
CITY-ST-ZIP	FT MYERS, FL 33903				
TITLE	SD	☐ Delete			
NAME	BEARD, CHARLES A				
STREET ADDRESS	3330 EDISON AVE				
CITY-ST-ZIP	NORTH FT MYERS, FL 33901				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. 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					
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:  4/29/03 (239) 997-7702					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

80109499



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)