

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90250 002 ***150.00

DOCUMENT # P01000051369

1. Entity Name
SABER ROOF SYSTEMS AND SHEET METAL, INC.



Principal Place of Business
**46 COMMERCIAL BLVD.
LAKE PLACID FL 33852**

Mailing Address
**POST OFFICE BOX 965
LAKE PLACID FL 33862-0963**



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 **59-3745681**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIRTH, C. THOMAS SR.
46 COMMERCIAL BLVD.
LAKE PLACID FL 33852**

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 *C Thomas Wirth*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/11/03
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	D	<input type="checkbox"/> Delete
NAME	WIRTH, C. THOMAS SR.	
STREET ADDRESS	46 COMMERCIAL BLVD.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIRTH, JOY E	
STREET ADDRESS	202 THISELDO LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIRTH, MATTHEW K	
STREET ADDRESS	202 THISELDO LANE	
CITY-ST-ZIP	SEBRING FL 33862	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, VALMA	
STREET ADDRESS	828 HENSCRATCH ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joy E. Wirth* 2/11/03 (863) 465-2203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)