Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051650

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 24 AM 10:05

1. Entity Name

ABSOLUTE QUALITY ROOFING & REPAIRS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3504 Spring Creek Hwy.	P. O. Box 5869
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville FL	City & State: Tallahassee, FL
Zip: 32327 Country: US	Zip: 32314-5869 Country: us

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3721858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22Street, 4th Floor

City: Miami FL Zip Code: 33145

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Don W. Guilford, Pres. 3504 Spring Creek Hwy. Crawfordville, FL 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Joshua Daniel Bobst 5294 S. Rovan Point Lacanto, FL 34461
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Don W. Guilford, Secretary 3504 Spring Creek Hwy. Crawfordville, FL 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Don W. Guilford, Treasurer 3504 Spring Creek Hwy. Crawfordvile, FL 32327
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Don Guilford 10/24/02 850-508-3348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #