FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2002 8:00 am Secretary of State DOCUMENT # P01000091915 1. Entity Name 07-17-2002 90114 018 ***150.00 ROOF-OVER AMERICA, INC. Principal Place of Business Mailing Address P.O. BOX 0395 P.O. BOX 0395 SANFORD FL 32772 SANFORD FL 32772 2. Principal Place of Business 3. Mailing Address 403 W. 3Rd 130x 1315 P.O. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For ジタハナ SANTORD Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARLOWE & MCNABB, P.A. 324 S. HYDE PARK AVE. SUITE 210 TAMPA FL 33606 Zip Code フンファス 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. 7-10-02 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCKEE. ROBERT E NAME STREET ADDRESS 2550 PALMETTO AVE., P. O. BOX 395 STREET ADDRESS CITY-ST-ZIP SANFORD FL 32772 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 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ADDRESS STREET ADDRESS CITY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEAUTIFUL- LONG LASTING METAL ROOFS
RESIDENTIAL & COMMERCIAL

To: Division of Corporations
Tallahassee, FI

Re: Uniform Business Report for 2002

This "second notice" is the first report form we have received. Please waive the late fee.

Respectfully,

Robert E. McKee, President

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