

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

03-06-2002 90026 024 ***150.00

DOCUMENT # P01000101241

1. Entity Name

CHARLES HODGES ROOFING, INC.

Principal Place of Business

200 S.W. 65TH TERRACE
PEMBROKE PINES FL 33023

Mailing Address

200 S.W. 65TH TERRACE
PEMBROKE PINES FL 33023

20477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 SW 65 Ten

3. Mailing Address

200 S.W. 65 Ten

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines F

City & State

Pembroke Pines FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33023

Country

Broward

Zip

33023

Country

Broward

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

HODGES, MARGARET
200 S.W. 65TH TERRACE
PEMBROKE PINES FL 33023

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
President	Charles T. Hodges	200 S.W. 65 Ten	Pembroke Pines FL 33023	<input type="checkbox"/>
officer	Margaret Hodges	200 SW 65 Ten	Pembroke Pines FL 33023	<input type="checkbox"/>
Registered agent	Margaret Hodges	200 SW 65 Ten	Pembroke Pines FL 33023	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
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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

02-20-02-954-963-2185

Date

Daytime Phone #

CR2E034 (9/01)