

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-23-2002 90025 033 ***150.00

DOCUMENT # P01000103167

1. Entity Name

FOUNTAIN ROOFING, INC.

Principal Place of Business

**1801 S VOLUSIA AVE
 ORANGE CITY FL 32763**

Mailing Address

**1801 S VOLUSIA AVE
 ORANGE CITY FL 32763**

2. Principal Place of Business

1855 16th STREET
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 741353
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORANGE City, FL

City & State

ORANGE City, FL

4. FEI Number

59-3752129

Applied For

Not Applicable

Zip

County

327 VOLUSIA

Zip

County

32774 VOLUSIA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HILL, DAVID P
 1801 S VOLUSIA AVE
 ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

Stephen P. Fountain
 Street Address (P.O. Box Number is Not Acceptable)
2658 OAK RD.

City DELAND

FL

Zip Code

32720

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

Steve Fountain

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/14/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, STEPHEN P. PO BOX 741353 ORANGE CITY FL 32774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, DAVID P 237 CEDARWOOD COURT DEBARY FL 32713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKMAN, MICHAEL F 101 BALMORAL COURT DEBARY FL 32713 <input checked="" 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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Stephen P. Fountain
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen P. Fountain

04-29-02

Date

Daytime Phone #

**386-
 797-8186**

CR2E034 (9/01)