

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90194 019 ***150.00

DOCUMENT # P01000118326

1. Entity Name
COR-BELL ROOFING, INC.

Principal Place of Business
4134 GULF OF MEXICO DR. STE 302
LONGBOAT KEY FL 34228

Mailing Address
4134 GULF OF MEXICO DR. STE 302
LONGBOAT KEY FL 34228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
UNIT F 3740

3. Mailing Address
UNIT F
Suite, Apt. #, etc.
3740 NE 40TH PLACE

Suite, Apt. #, etc.
NE 40TH PLACE

City & State
OCALA FL.

City & State
OCALA FL.

4. FEI Number
800024104

Applied For
 Not Applicable

Zip
34470

Country
USA

Zip
34470

Country
USA

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

6. Name and Address of Current Registered Agent

DAWSON, RONALD
4134 GULF OF MEXICO DR, STE 302
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name **DAWSON RONALD**
 Street Address (P.O. Box Number is Not Acceptable)
UNIT F 3740 NE 40TH PLACE
 City **OCALA** FL **34470**

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 **Dawson**

2-11-02

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

TITLE **P** ☒ Delete
 NAME **DAWSON, RONALD**
 STREET ADDRESS **4134 GULF OF MEXICO DR, STE 302**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **V** ☒ Delete
 NAME **DAWSON, BRIDGE**
 STREET ADDRESS **4134 GULF OF MEXICO DR, STE 302**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **DAWSON RONALD**
 STREET ADDRESS **UNIT F 3740 NE 40TH PLACE**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **V** ☒ Change ☐ Addition
 NAME **DAWSON BRIDGE**
 STREET ADDRESS **UNIT F 3740 NE 40TH PLACE**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED**

2-11-02

44 1932-780154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)