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# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000035331  
 1. Entity Name  
**BURKS'S ROOFING, INC.**



FILED  
 03 OCT 21 PM 6:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 000023979090  
 10/21/03--01093--012 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5918 STRATTON LANE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO FL**

4. FEI Number **01-0654268** 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 **DORY BURKS**

Street Address (P.O. Box Number is Not Acceptable)  
**5918 STRATTON LANE**

City **ORLANDO** FL Zip Code **32808**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>DORY BURKS, PD</b>	<b>5918 STRATTON LANE</b>	<b>ORLANDO FL 32808</b>				

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dory Burks (407) 523-2720  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

*Paper*

October 14, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

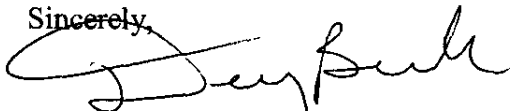
Dear-Sir/Madam:

**Re: BURK'S ROOFING, INC.**  
**Document#: P02000035331**

This is to advise that we did not receive our 2003 Uniform Business Report in the mail. Unfortunately, as a result, filing of the report was overlooked. We therefore, now enclose the UBR for the year 2003 along with the filing fee of \$150.00.

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Sincerely,



Dory Burks  
President