

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

0121559 AT

DOCUMENT # P02000040495

1. Entity Name
STANFORD ROOFING, INC.



Principal Place of Business
**108 RIVERSIDE WAY
SAN MATEO FL 32187**

Mailing Address
**108 RIVERSIDE WAY
SAN MATEO FL 32187**



2. Principal Place of Business
755 US. 17 So.
Suite, Apt. #, etc.
SAN MATEO, FL.

3. Mailing Address
755 US. 17 So.
Suite, Apt. #, etc.
SAN MATEO, FL.

☐ CHECK HERE IF MAKING CHANGES

City & State
SAN MATEO FL
Zip
32187
Country
US

City & State
SAN MATEO FL
Zip
32187
Country
US

4. FEI Number
01-0670632
Applied For
☐ Not Applicable
5. Certificate of Status Desired
☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANFORD, RALPH
108 RIVERSIDE WAY
SAN MATEO FL 32187**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
755 Hwy 17 South
SAN MATEO
City
SAN MATEO FL Zip Code
32187

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D/P	<input type="checkbox"/> Delete	
NAME	STANFORD, RALPH		
STREET ADDRESS	108 RIVERSIDE WAY		
CITY-ST-ZIP	SAN MATEO FL 32187		
TITLE		<input type="checkbox"/> Delete	
NAME	STANFORD, SHAWN		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D/P-P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Stanford, Shawn		
STREET ADDRESS	108 Riverside Way		
CITY-ST-ZIP	SAN MATEO FL 32187		
TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Stanford, Seth		
STREET ADDRESS	108 Riverside Way		
CITY-ST-ZIP	SAN MATEO FL 32187		
TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bryan Heishman		
STREET ADDRESS	755 US. 17 SAN MATEO FL.		
CITY-ST-ZIP	32187		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ralph Stanford** (Signature of Officer or Director) **9-3-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)