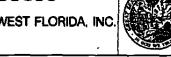
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P02000058699

DOCUMENT # 1. Entity Name



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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED May 29, 2003 8:00 am Secretary of State

04-25-2003 90300 023 ***150.00

THE ECONOMICAL ROOFER OF SOUTHWEST FLORIDA, INC. **JUV B B W G C** Principal Place of Business . Mailing Address 6701 RICH RD 6701 RICH RD. NORTH FT. MYERS FL 33917 NORTH FT. MYERS FL 33917 ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 03-0451 ot Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESSERLING, ERIC Street Address (P.O. Box Number Is Not Acceptable) 6701 RICH RD. NORTH FT. MYERS FL 33917 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition CR2E034 (10/02) ☐ Delete Change WESSERLING, ERIC NAME NAME 8701 RICH RD. STREET ADDRESS STREET ADDRESS NORTH FT. MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ППF - Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certily 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

SIGNATURE: