2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 17, 2003 8:00 am Secretary of State 1/2:

DOCUMENT # P0200069690 1.' Entity Name HAMP SMITH ROOFING, INC.				01-23-2003 90199 046 ***150.00	
Principal Place 4043 PAMELA TALLAHASSEE	LANE	Mailing Address 4043 PAMELA LANE TALLAHASSEE FL 32303			
2. Principal P	Place of Business	3. Mailing Address		T HARATIRAT THE APPLY DEGLES AND BEAUTH BESTIN BEAUTH BEAU	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	_
City & State	re .	City & State		4. FEI Number 59 - 3391718 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent]- <i>-</i>
	The second secon	, , , , , , , , , , , , , , , , , , , 	Name		
SMITH, HAMPTON K 4043 PAMELA LANE			Street Address	s (P.O. Box Number is Not Acceptable)	
1	SSEE FL 32303				7
1/LUNIA	OOLE I COLONO		City	FL Zip Code	1
	e named entity submits this statement fo	r the purpose of changing its i	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	1
l file congar	ions or registered again.				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	ived when reinstating) DATE	i
After	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
After	r May 1, 2003 Fee will be \$550.00	State	11.	9. Election Campaign Financing \$5.00 May Be	
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After Make Check 10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND P SMITH, HAMPTON K 4043 PAMELA LANE	PIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	CR2E034 (10/02)
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12. I hereby certify that the information supplied with this filling 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 impowered 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: