

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 24 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *002 0000 82834*

1. Entity Name

Seal Flex Roofing Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

60 Moree Loop

3. Mailing Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

#47

City & State

Winter Springs

City & State

Zip

32708

Country

Seminole

Zip

Country

4. FEI Number

42-1544766

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

David Bogue

Street Address (P.O. Box Number is Not Acceptable)

60 moree loop #47

City

Winter Springs

FL

Zip Code

32708

**DO NOT WRITE
IN THIS SPACE**

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

David Bogue

Signature, typed or printed name of registered agent or trustee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2-03

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

Pres.

David Bogue

60 Moree Loop #47

Winter Springs, FL 32708

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

900016955369

*04/24/03--01039--014 **150.00*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

David Bogue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

Date

Daytime Phone #

CR2E034B (12/02)