

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90118 035 ***158.75

DOCUMENT # P02000091817

1. Entity Name
GMC ROOFING, INC.



Principal Place of Business
**6219 N LOIS AVE
TAMPA FL 33614**

Mailing Address
**6219 N LOIS AVE
TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

P.O. Box 157899

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

Country

336841184

Country

4. FEI Number

51-0422814

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRILLO, MICHELLE S
6219 N LOIS AVE
TAMPA FL 33614**

Name

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

City

FL

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
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVS** ☐ Delete
NAME **CARRILLO, MICHELLE S**
STREET ADDRESS **6219 N LOIS AVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **CARRILLO, MICHELLE S**
STREET ADDRESS **6219 N LOIS AVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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: Michelle S. Carrillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/03
Date

813-496-0854
Daytime Phone #

CR2E034 (10/02)