

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

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000060002	
1. Entity Name	
Guaranteed Weatherproof Roofing, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4201 Westgate Avenue, Suite No.A14 Suite, Apt. #, etc.	3. Mailing Address 2484 Sailfish Cove Drive Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State West Palm Beach, Florida 33461
Zip 33409	Country

400030597104
03/17/04--01015--007 **150.00

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4. FEI Number 59-2362902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sally C. Edenfield
Street Address (P.O. Box Number is Not Acceptable) 2484 Sailfish Cove Drive
City West Palm Beach
FL
Zip Code 33461

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 *Sally Edenfield* **2/15/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO David C. Edenfield 2484 Sailfish Cove Drive West Palm Beach, Florida 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exe.VP & Chairperson Board of Directors Sally C. Edenfield 2484 Sailfish Cove Drive West Palm Beach, Florida 33461
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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 C. Edenfield* **2/13/2004** **(561)721-9848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #