(561)721-9848 Daytime Phone #

2/13/2004 Date

FILED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P03000060002				04 MAR 15 PM 3:54		54
1. Entity Name						
					SECRETARY OF STATE TALLAHASSEE FLORIDA	
Guaranteed Weatherproof Roofing, Inc.					IALLAHASSEE FLOR	IDA
Guarante ed weatherp	rooi Rooling, Inc.			I		
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DO NOT WRITE IN THIS SPACE					400030597104 03/17/0401015007 **150.00	
2. Principal Place of Business 3. Mai			Mailing Address		03/17/0401015007 ***	¥150.00
4201 Westgate Avenue, Suite No.A14		3. Mailing Address 2484 Sailfish Cove Drive				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City B CATA						
City & State West Palm Beach, FL		City & State West Palm Beach, Florida 33461		4. FEI Number	Applied For	
Zip	Country	Zip		3461 ountry	59-2362902	Not Applicable
33409	Country		"	ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
21 148 / July 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ا الاستراج عليه الأستيكي الرحم عصاف		+- E.	7. Nan	ne and Address of Current Regist	
· Section of				Name		
DO NOT WRITE				Sally C. Edenfield		
				Street Address (P.O. Box Number is Not Acceptable) 2484 Sailfish Cove Drive		
	N THIS SP	'ACE		2404 Jaillish C	20ve Drive	
•				City	FL	Zip Code
8 The above named	antity submits this s	tatement for the	nurnose of cl	West Palm Be	acn stered office or registered agent, or	33461
State of Florida. I	am familiar with, and	accept the oblid	gations of regi	istered agent.	stered office of registered agent, or	bour, in the
(חלי עוני	110		.		2/15/2004
SIGNATURE Signatur	re, typed of printed name of	of registered agent a	nd title if applicable	e. (NOTE: Regist	ered Agent signature required when reinstating	
January 1	- May(# Fee is \$150	6 0	<u>, </u>	, , , , , , , , , , , , , , , , , , , ,		
After May 1, Fee is \$550.00					9. Election Campaign Financing \$5.00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Department of State						
					Trust Fund Contribution.	Added to Fees
	to Florida Departm		S 11.			
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SIGNATURE: David C. Edenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR