

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90101 018 ***150.00

DOCUMENT # P28031

1. Entity Name

MERIDIAN ROOFING COMPANY

Principal Place of Business

Mailing Address

**802 HWY 19 N
SUITE 190
MERIDIAN MS 39307**

**802 HWY 19 N
SUITE 190
MERIDIAN MS 39307-5815**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0661823

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** Delete
NAME: **FREDIN, RONALD R.**
STREET ADDRESS: **802 HWY 19 NORTH SUITE 190**
CITY-ST-ZIP: **MERIDAN MS 39307**

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

TITLE: **VD** Delete
NAME: **HOOD, JAMES W.**
STREET ADDRESS: **2400 CULLEYWOOD RD**
CITY-ST-ZIP: **JACKSON MS 39211**

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

TITLE: **S** Delete
NAME: **BURNAM, JOHN**
STREET ADDRESS: **301 HONEYSUCKLE DRIVE**
CITY-ST-ZIP: **HATTIESBURG MS 39402**

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

TITLE: **TD** Delete
NAME: **HOOD, WARREN A., JR.**
STREET ADDRESS: **3900 JAMESTOWN ROAD**
CITY-ST-ZIP: **HATTIESBURG MS 39402**

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

TITLE: **VP** Delete
NAME: **SIMMONS, HARRY C**
STREET ADDRESS: **5813 OAK STREET**
CITY-ST-ZIP: **MERIDIAN MS 39305**

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: Change Addition

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harry C Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

601-484-8906

Daytime Phone #

CR2E034 (9/99)