

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90129 003 ***150.00

00053098



DO NOT WRITE IN THIS SPACE

DOCUMENT # P28031

1. Entity Name
MERIDIAN ROOFING COMPANY

Principal Place of Business Mailing Address
802 HWY 19 N **802 HWY 19 N**
SUITE 190 **SUITE 190**
MERIDIAN MS 39307 **MERIDIAN MS 39307**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **64-0661823** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREDIN, RONALD R.	
STREET ADDRESS	802 HWY 19 NORTH SUITE 190	
CITY-ST-ZIP	MERIDAN MS 39307	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOOD, JAMES W.	
STREET ADDRESS	2400 CULLEYWOOD RD	
CITY-ST-ZIP	JACKSON MS 39211	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNAM, JOHN	
STREET ADDRESS	301 HONEYSUCKLE DRIVE	
CITY-ST-ZIP	HATTIESBURG MS 39402	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOOD, WARREN A., JR.	
STREET ADDRESS	3900 JAMESTOWN ROAD	
CITY-ST-ZIP	HATTIESBURG MS 39402	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIMMONS, HARRY C	
STREET ADDRESS	5813 OAK STREET	
CITY-ST-ZIP	MERIDIAN MS 39305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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

Date: **4/28/01**
 Daytime Phone #

CR2E034 (10/00)