

# 2002 UNIFORM BUSINESS REPORT (UBR)

0591466 AT

DOCUMENT # **P93000015464**

1. Entity Name  
**GENERAL ROOFING WORKS, INC.**

FILED  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS  
02 JAN 31 PM 12:20

Principal Place of Business  
**123 NORTH INDUSTRIAL DRIVE  
ORANGE CITY FL 32763  
US**

Mailing Address  
**POST OFFICE BOX 740708  
ORANGE CITY FL 32774-0708  
US**



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  
**65-0400602**

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

**CUTRONA, MELINDA E.  
123 NORTH INDUSTRIAL DRIVE, SUITE B  
ORANGE CITY FL 32774**

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

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, 2002 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 **CUTRONA, MELINDA E**  
STREET ADDRESS **123 NORTH INDUSTRIAL DRIVE**  
CITY-ST-ZIP **ORANGE CITY FL**

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

TITLE **V** ☐ Delete  
NAME **ENSINGER, DEBRA D**  
STREET ADDRESS **123 N INDUSTRIAL DRIVE**  
CITY-ST-ZIP **ORANGE CITY FL**

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

TITLE **ST** ☐ Delete  
NAME **CUTRONA, JERRY**  
STREET ADDRESS **123 N. INDUSTRIAL DR., STE. B**  
CITY-ST-ZIP **ORANGE CITY FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: Melinda E Cutrona  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 386-775-6320  
Date Daytime Phone #

CR2E034 (9/01)