## 2002 Uniform Business Report (UBR)

## Mar 06, 2002 8:00 am Secretary of State DOCUMENT # P93000021382 1. Entity Name 03-06-2002 90007 047 \*\*\*150.00 CIRCLE L ROOFING, INC. Principal Place of Business Mailing Address 2801 FRUITVILLE ROAD 2801 FRUITVILLE ROAD SUITE 100 SUITE 100 SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0398270 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL HRIC Street Address (P.O. Box Number is Not Acceptable) 2801 FRUITVILLE ROAD SUITE 100 SARASOTA FL 34237 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 🖈 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State & ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE DPST Delete TITLE Addition LYNN, JESSE J. 4140 Brookpointe Court LYNN, JESSE J NAME NAME STREET ADDRESS 6907 RIVER BIRCH COURT STREET ADDRESS Sarasota, Florida 34238 CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE Delete Change NAME. LYNN, LUCAS L STREET ADDRESS STREET ADDRESS 1130 133RD ST. E. CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34202 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME LYNN, JAMES D STREET ADDRESS STREET ADDRESS 5402 1ST STREET CITY-ST-ZIP CITY-ST-7IP BRADENTON FL 34203 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empoyered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if

th all other like empowered

changed, or on an attachment with an address

SIGNATURE:

EQUIFIESSE J. Lynn 2/11/02

**FILED**