

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007433 AV

DOCUMENT # P93000055322

1. Entity Name
R. L. CAMPBELL ROOFING COMPANY, INC.



FILED

03 SEP 22 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2 DAVID ST.
C
FT WALTON BEACH FL 32547
US

Mailing Address
2 DAVID ST.
C
FT WALTON BEACH FL 32547
US



REINSTATEMENT 03
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
76 S. Laura Street
Suite, Apt. #, etc.
Suite 2102

3. Mailing Address
76 S. Laura Street
Suite, Apt. #, etc.
Suite 2102

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32202

Country
DUAL

Zip
32202

Country
DUAL

4. FEI Number 59-3205299

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CAMPBELL, ROY L
442 FOREST GLEN PLACE
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent
Name Roy L. Campbell
Street Address (P.O. Box Number is Not Acceptable)
76 S. Laura Street, Suite 2102
City Jacksonville FL Zip Code 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 9/18/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, ROY L	
STREET ADDRESS	2-DAVID ST SUITE C	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPBELL, DEBRA Y	
STREET ADDRESS	2-DAVID ST, STE C	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	76 S. Laura Street, Suite 2102	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	76 S. Laura Street, Suite 2102	
STREET ADDRESS	JACKSONVILLE FL 32202	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 9/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)