**FILED** 

## CHZE034 (10/00

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

DOCUMENT # P93000087872  1. Entity Name ALLEN ROOFING SYSTEMS, INC.				Mar 23, 2001 8:00 am Secretary of State 03-23-2001 90012 046 ***150.00			
Principal Place of Business  2200 PALM AVE  FT. MYERS FL 33901  1910 Handa D. Unut #5  FT MYERS, FL 33907		Mailing Address  2209-PALM-AVE. FT. MYERS FL 30901					
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 65-	0457818		olied For Applicable
Zip	Country	Zip C	Country	5. Certificate of Status		3.75 Addit e Required	tional
	6. Name and Address of Current R	egistered Agent		7. Name and Address	of New Registered Ago	ent	
	ODEN DENINO !	Name*	Name*				
LUMSDEN, DENNIS J 6719 WINKLER RD.			Street Address (P.O. Box Number is Not Acceptable)				
• • • • • • • • • • • • • • • • • • • •	'E 121 Myers FL 33919						
FI. I	MIENO FL 00919	City			FL	Zip Code	
Tax filing	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! F After MAY 1, 2001 Make Check Payable t	Fee will be \$550.00	10. Election Cam	· · · -	\$5.00 Added t	May Be to Fees
11.	OFFICERS AND D		12.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS	IN 11
CITY-ST-ZIP	D RACHFAL, KARL A II -0516 MARINERS COVE LANE FT. MYERS FL 33919 ST	☐ Delete	CITY-ST-ZIP	1250 Stan	Boat Bo		Addition #206
NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, SHARON 9516 MARINERS COVE LANE FT MEYERS FL 33919	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	EVP SNYDER, DAVID JR 1232 PONDELLA CR. NORTH FT MEYERS FL 33903	↑ Delete	NAME STREET ADDRESS CITY-ST-ZIP			.]-Change ~	Addition 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition \
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	] Change	Addition
of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with	ered to execute this report as re	exemption stated in Signature shall have the equired by Chapter 60	ection 119.07(3)(i), Florida same legal effect as if mac 7, Florida Statutes; and tha	Statutes, I further certify le under oath; that I am t my name appears in B	that the info an officer o lock 11 or E	ormation or director Block 12 if