FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P94000065316 **Secretary of State** 1. Entity Name CUNNINGHAM ROOFING CO. INC. 03-08-2001 90078 006 ***150.00 Principal Place of Business Mailing Address 5914 GRANT ST 5914 GRANT ST WEST HOLLYWOOD FL 33021 WEST HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0517420 Not Applicable Zip Country Country Zip \$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 **CUNNINGHAM, JAMES** Street Address (P.O. Box Number is Not Acceptable) 4540 SW 30TH STREET SUITE 300 HOLLYWOOD FL 33023 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESI CONT Change TITLE ☐ Delete NAME CUNNINGHAM, JAMMES R NAME EWART CUMMINGHAM STREET ADDRESS STREET ADDRESS 5914 GRANT ST CITY-ST-ZIP CITY-ST-ZIP WEST HOLLYWOOD FL JAMES STEWART CUNNINGHAM TITLE TITLE 5914 GrAT STREET NAME NAME STREET ADDRESS STREET ADDRESS Hollywood, FL 33021 CITY-ST-7IP CITY-ST-ZIP (YKE PREJIPEAT) TITLE BONNE CACHONP ☐ Delete ☐ Change Addition NAME NAME 4540 Sw. 30 SOLLET STREET ADDRESS 002 FL 33023 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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.