

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90227 014 ***150.00

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DOCUMENT # P94000067400

1. Entity Name
MILL CREEK ROOFING, INC.

Principal Place of Business Mailing Address
360 OAKRIDGE TRAIL 360 OAKRIDGE TRAIL
ST AUGUSTINE FL 32092 ST AUGUSTINE FL 32092

80060486



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 **59-3300448** 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

ARNETT, VIRGIL D
3910 RUES LANDING RD
ST AUGUSTINE FL 32084

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 _____

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	<input type="checkbox"/> Delete
NAME	ARNETT, VIRGIL D	
STREET ADDRESS	360 OAKRIDGE TRAIL	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARKOSKI, ALVEZ	
STREET ADDRESS	3080 JOE ASHTON LOT 0	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	2V	<input checked="" type="checkbox"/> Delete
NAME	BOYCE, JOHN	
STREET ADDRESS	3080 JOE ASHTON RD LOT 0	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Virgil D. Arnett* **Virgil D. Arnett** 3/29/02 904.522.0449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(9/01)