

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90232 042 ***150.00

DOCUMENT # P95000025069

1. Entity Name
ROE CONSTRUCTION, INC.



Principal Place of Business
**826 SW 29TH TERRACE
PALM CITY FL 34990**

Mailing Address
**826 SW 29TH TERRACE
PALM CITY FL 34990**

10104014



2. Principal Place of Business
1529 S.E. CHIFFON AVE
Suite, Apt. #, etc.

3. Mailing Address
1529 S.E. CHIFFON AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PORT ST. LUCIE FL.

4. FEI Number
65-0574291

Applied For
☐ Not Applicable

Zip
34952

Country
USA

Zip
34952

Country
USA

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

ROE, BRYAN
826 SW 29TH TERRACE
PALM CITY FL 34990

Name **STANLEY ROE**
Street Address (P.O. Box Number is Not Acceptable)
1529 S.E. CHIFFON AVE.

PORT ST. LUCIE FL. **FL** **34952**

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

[Signature] **STANLEY ROE**

4/19/03

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

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROE, STANLEY
1529 S.E. CHIFFON AVENUE
PORT ST. LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROE, JEFFREY
362 S.W. GLENWOOD DRIVE
PORT ST. LUCIE FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROE, DOUGLAS E
1278 SE JASMINE TRACE
PALM CITY FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROE, AARON
204 SE CAMELOT GARDENS BLVD
PORT ST LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature] **STANLEY ROE**

4/19/03

772-335-8778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)