

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90306 037 ***150.00

NOTED
 AV

DOCUMENT # P95000026795

1. Entity Name:
TOP CAT ROOFING, INC.

Principal Place of Business

**450 FLAT RIVER ST
 PALM BAY FL 32908**

Mailing Address

**450 FLAT RIVER ST
 PALM BAY FL 32908**

2. Principal Place of Business

121 Pelican DR NE.
 Suite, Apt. #, etc.

3. Mailing Address

121 Pelican DR. NE.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, FL.

City & State

Palm Bay, FL.

4. FEI Number

59-3365875

Applied For

Not Applicable

Zip

Country

32907

USA

Zip

Country

32907

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LEHMAN, RICHARD D
 121 PELICAN DRIVE NE
 PALM BAY FL 32907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

(Signature)
 Signature, typed or printed name of registered agent and title if applicable.

(Richard Lehman)

(NOTE: Registered Agent signature required when reinstating)

4/18/02
 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

TITLE ☐ Delete
 NAME **P. LEHMAN, RICHARD D**
 STREET ADDRESS **121 PELICAN DRIVE NE**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **V.P. LEHMAN, Dominique**
 STREET ADDRESS **121 Pelican DR. NE.**
 CITY-ST-ZIP **Palm Bay, FL. 32907**

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

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

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TITLE ☐ Change ☐ 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard Lehman** *4/18/02* **(321) 951-2864**
 Date Daytime Phone #

CR2E034 (9/01)