

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 045 ***158.75

DOCUMENT # **P95000036201**
1. Entity Name
BETHEL ROOFING SYSTEMS INC.

DO NOT WRITE IN THIS SPACE

659155

2. Principal Place of Business
3058 SW 27 PL
Suite, Apt. #, etc.
City & State
CAPE CORAL FLA
Zip
33914 Country
U.S.A.

3. Mailing Address
P.O. Box 100069
Suite, Apt. #, etc.
City & State
CAPE CORAL FLA
Zip
33910 Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
593311897 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name
RUSLIN, L. OLLIVIERE
Street Address (P.O. Box Number is Not Acceptable)
3058 SW 27 PL
City
CAPE CORAL FL Zip Code
33914

**DO NOT WRITE
IN THIS SPACE**

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]** - **PRESIDENT** DATE **4/22/02**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RUSLIN, L. OLLIVIERE 3058 SW 27 PL CAPE CORAL, FLA 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other information provided.

SIGNATURE: **[Signature]** DATE **4/22/02** **239 540-4227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR