

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90367 007 \*\*\*150.00

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**DOCUMENT # P95000037720**

1. Entity Name  
**NEAL & SON'S ROOFING INC.**

Principal Place of Business

**852 REDISH CIR  
CLEWISTON FL 33440  
US**

Mailing Address

**852 REDISH CIR  
CLEWISTON FL 33440  
US**

2. Principal Place of Business

**502 Redish CIR  
Suite, Apt. #, etc.  
Clewiston, FLA.**

3. Mailing Address

**502 Redish CIR  
Suite, Apt. #, etc.**

City & State

**Clewiston, FLA.  
Zip 33440 Country US**

City & State

**Clewiston, FLA.  
Zip 33440 Country US**

4. FEI Number

**65-0582601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NEAL, JOE B  
852 REDISH CIR  
CLEWISTON FL 33440**

7. Name and Address of New Registered Agent

Name **Joe B. Neal**  
Street Address (P.O. Box Number is Not Acceptable)  
**502 Redish CIR  
Clewiston  
City FL Zip Code 33440**

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

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NEAL, JOE B 852 REDISH CIR CLEWISTON FL 33440</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Joe B Neal 502 Redish CIR Clewiston, FLA 33440</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Joe B. Neal**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-9-02 800-940-4070**

CR2E034 (9/01)