

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087683

1. Entity Name
R.O.C. ROOFING, INC.

Principal Place of Business
7503 LIVE OAK DR
CORAL SPRINGS FL 33065
US

Mailing Address
7503 LIVE OAK DR
CORAL SPRINGS FL 33065
US

2. Principal Place of Business
710 NE Hwy 318
Suite, Apt. #, etc.

3. Mailing Address
710 NE Hwy 318 CITRA FL
Suite, Apt. #, etc.

City & State
CITRA, FL
Zip
32113
Country
MARION

City & State
CITRA FL
Zip
32113
Country
MARION

4. FEI Number 59-1856228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREG ROSS, P.A.
3 SW 129TH AVE, SUITE 208
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name MAUREEN O'CONNOR
Street Address (P.O. Box Number is Not Acceptable)
710 NE Hwy 318
City CITRA FL Zip Code 32113

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 Robert O'Connor

4-28-2001

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	O'CONNER, ROBERT	
STREET ADDRESS	7503 LIVE OAK DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LANIER, EDWARD J.	
STREET ADDRESS	6265 W. SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANGSTER, BRUCE	
STREET ADDRESS	3225 5TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	O'CONNOR ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	710 HWY 318	
STREET ADDRESS	CITRA FL. 32113	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	U.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAGGER BRUCE	
STREET ADDRESS	3225 5TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Robert O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90025 016 ***150.00

974484



DO NOT WRITE IN THIS SPACE

0451438

CR2E034 (10/00)