

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91310 045 ***150.00

DOCUMENT # P95000094319

1. Entity Name
ANOTHER ROOFING COMPANY, INC.

Principal Place of Business

**466 SW KENTWOOD RD
 PORT ST LUCIE FL 34953
 US**

Mailing Address

**466 SW KENTWOOD RD
 PORT ST LUCIE FL 34953
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0657926**

Applied For
 Not Applicable

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

**JORDAN, MICHAEL
 466 SW KENTWOOD RD
 PORT ST LUCIE FL 34953**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JORDAN, MICHAEL	
STREET ADDRESS	466 SW KENTWOOD RD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORDAN, JOANNE	
STREET ADDRESS	466 SW KENTWOOD RD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, ANDRES	
STREET ADDRESS	1429 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDY, JOSEPH	
STREET ADDRESS	865 SW 17TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	John Paul Hughes	
STREET ADDRESS	995 Edwards Road	
CITY-ST-ZIP	Fort Pierce, Florida 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-02 561 340-7663

CR2E034 (9/01)