

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90605 030 ***150.00

DOCUMENT # P96000000294

1. Entity Name
ROOF MASTER OF CENTRAL FLORIDA, INC.



Principal Place of Business
1321 N. PINE HILLS ROAD
ORLANDO FL 32808
US

Mailing Address
1321 N. PINE HILLS ROAD
ORLANDO FL 32808
US

2. Principal Place of Business
1904 WEST COLONIAL DR
Suite, Apt. #, etc.

3. Mailing Address
1904 WEST COLONIAL DR.
Suite, Apt. #, etc.

City & State
ORLANDO FL
Zip
32804

City & State
ORLANDO, FL
Zip
32804

4. FEI Number **59-3355546**

Applie For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MACGOWAN, TREVOR
1321 N. PINE HILLS ROAD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name **TREVOR MACGOWAN**
Street Address (P.O. Box Number is Not Acceptable)
1904 WEST COLONIAL DRIVE
City **ORLANDO** **FL** **Zip Code** **32804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Trevor MacGowan*
Signature typed or printed name of registered agent and title if applicable

DATE **4/14/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MACGOWAN, TREVOR	
STREET ADDRESS	1321 N. PINE HILLS ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE: *Trevor MacGowan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/14/03**

DAYTIME PHONE # **407-872-3200**

CR2E034 (10/02)