

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90227 025 \*\*\*150.00

**DOCUMENT # P96000024526**

1. Entity Name  
**SUPERIOR ROOFING, INC.**



Principal Place of Business  
**23440 JANICE AVE. UNITS 15-16  
CHARLOTTE HARBOR FL 33980  
US**

Mailing Address  
**P.O. BOX 380937  
MURDOCK FL 33938-0937**



2. Principal Place of Business  
**2534 Sulstone Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same As Above**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Punta Gorda, Fl. 33983**

City & State

4. FEI Number **65-0649568**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**SCHWARTZ, ELIZABETH  
6203 SWISS BLVD.  
PUNTA GORDA FL 33982**

**7. Name and Address of New Registered Agent**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **SCHWARTZ, GEORGE JR**  
STREET ADDRESS **P.O. BOX 380937**  
CITY-ST-ZIP **MURDOCK FL 33938-0937**

TITLE **S** ☐ Delete  
NAME **SCHWARTZ, ELLZABETH**  
STREET ADDRESS **PO BOX 380491**  
CITY-ST-ZIP **MURDOCK FL 33938**

TITLE **T** ☐ Delete  
NAME **SCHWARTZ, ELIZABETH**  
STREET ADDRESS **PO BOX 380491**  
CITY-ST-ZIP **MURDOCK FL 33982**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VP** ☐ Change ☒ Addition  
NAME **George M Schwartz JR**  
STREET ADDRESS **PO Box 380937**  
CITY-ST-ZIP **Murdock, Fl. 33838**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

**SIGNATURE: ELIZABETH SCHWARTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/2003 941-743-7103**

Date

Daytime Phone #

CR2E034 (10/02)