2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P96000051432

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

HYSELL ROOFING CO. INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90093 034 ***150.00

				COO WE THE						
Principal Place of Business 13313 MENORAH DR PUNTA GORDA FL 33955 US		Mailing Address 13313 MENORAH DR PUNTA GORDA FL 33955 US								
2. Principal Place of Business 3.		3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	☐ CHECK HERE IF MAKING CHANGES				
City & State		City & S		4. F	4. FEI Number 65-0675016			Applied For Not Applicable		
Zip	Country	Zip	Cou	ntry	5. C	ertificate of Status Desired	□ \$	8.75 Ad	ditional	1
	6. Name and Address of Current	Registered A	gent		7. N	ame and Address of New Re	gistered Ag	jent		1
	بالمساويين والمستبرعين بالما المساد	Service of the servic	-Name		در در در این استان میشود میشود در ۱۳۰۰ سال ۱۳۰	بهربت و سست	, : -		1	
•	RICHARD J ENORAH DR 🕓		Street Addres			(P.O. Box Number is Not Acceptable)				
PUNTA G	ORDA FL 33955									1
				City			FL	Zip Coo	łe	
Afte	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department or	-	le. (NOTE: Register	ad Agent signature require	ed when rein	9. Election Campaign Fina Trust Fund Contribution		\$5.0 Added	00 May Be	-
10.	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	CERS AND D	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYSELL, RICHARD J 13313 MENORAH DR PUNTA GORDA FL		Delete TITL NAM	.Е	, ,			Change	☐ Addition	100/07/
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1			[Change	☐ Addition	1000
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Devime Phone

CR2E034 (10/02)