

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90162 020 ***150.00

0389785 AV

DOCUMENT # P97000094510

1. Entity Name

RHOADES ROOFING, INC.

Principal Place of Business

**8154 S.E. CARLTON ST.
 HOBE SOUND FL 33455**

Mailing Address

**8154 S.E. CARLTON ST.
 HOBE SOUND FL 33455**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Hobe Sound.
 Suite, Apt. #, etc.
8154 S.E. Carlton St.

3. Mailing Address

8154 S.E. Carlton St.
 Suite, Apt. #, etc.

City & State

Hobe Sound Fl.
 Zip
33455 Country
America

City & State

Hobe Sound Fl.
 Zip
33455 Country
America

4. FEI Number

Changed ~~65-0539170~~ *65-109-7829* Applied For

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RHOADES, DAREL A
 8154 S.E. CARLTON ST.
 HOBE SOUND FL 33455**

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RHOADES, DAREL	
STREET ADDRESS	8154 SE CARLTON ST	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RHOADES, RICHARD D	
STREET ADDRESS	14028 FLORA AVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
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		

12. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Darel Rhoades
DAREL RHOADES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 *561-546-1310*

Date

Daytime Phone #

CR2E034 (9/01)