

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90013 015 ***550.00

DOCUMENT # P98000009202

1. Entity Name
ROE CONSTRUCTION & UTILITY SERVICES, INC.

Principal Place of Business

152 STEEPLECHASE CIRCLE
 SANFORD FL 32771-9539

Mailing Address

152 STEEPLECHASE CIRCLE
 SANFORD FL 32771-9539

2. Principal Place of Business

564 Wayman St.
 Suite, Apt. #, etc.
 Longwood, FL

3. Mailing Address

P.O. Box 956
 Suite, Apt. #, etc.
 Sorrento, FL

City & State

32750 USA

City & State

32776-0956

Zip

Country

Zip

Country

USA

4. FEI Number

59-3490467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 SV ☐ Delete
 NAME ROE, JULIE G
 STREET ADDRESS 152 STEEPLECHASE CIRCLE
 CITY-ST-ZIP SANFORD FL 32771

TITLE D ☐ Delete
 NAME DEAN, EDESEL
 STREET ADDRESS 152 STEEPLECHASE CIRCLE
 CITY-ST-ZIP SANFORD FL 32771-9539

TITLE P/T/C ☐ Delete
 NAME Allan L. Roe
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S/V ☒ Change ☐ Addition
 NAME Roe, Julie G
 STREET ADDRESS 564 Wayman St.
 CITY-ST-ZIP Longwood, FL 32750

TITLE D ☒ Change ☐ Addition
 NAME Dean, Edsel
 STREET ADDRESS 570 Wayman St
 CITY-ST-ZIP Longwood, FL 32750

TITLE P/T/C ☒ Change ☐ Addition
 NAME Roe, Allan L.
 STREET ADDRESS 564 Wayman St.
 CITY-ST-ZIP Longwood, FL 32750

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

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:

Allan L. Roe President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02
 Date

407-474-3102
 Daytime Phone #

CR2E034 (4/02)