2001 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 28 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000012053

1. Entity Name
ALDON BOOKHARDT ROOFING, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
600 ORANGE STREET TITUSVILLE FL 32796	600 ORANGE STREET TITUSVILLE FL 32796

2. Principal Place of Business	3. Mailing Address
4495 S. Hopkins Ave	4495 S. Hopkins Ave
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Titusville, Florida	City & State: Titusville, Florida
Zip: 32780 Country: USA	Zip: 32780 Country: USA

4. FEI Number 59-3490202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOKHARDT, ALDON
3240 DARRYL TERR.
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name: ALDON BOOKHARDT
Street Address (P.O. Box Number is Not Acceptable): 965 NOVA TERRACE
City: Titusville FL Zip Code: 32796

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: ALDON BOOKHARDT President 03/26/02
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 12, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOOKHARDT, ALDON 3240 DARYL TERR. TITUSVILLE FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 05/28/02 91741 046 $150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOOKHARDT, SAMUEL JR. 927 BON AIRE ST. TITUSVILLE FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 04/03/02 90197 017 $750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOOKHARDT, CHRIS 927 BON AIRE ST. TITUSVILLE FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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: ALDON BOOKHARDT President 03/26/02 (321) 267-4957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #