

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90069 042 \*\*\*150.00

**DOCUMENT # P98000024325**

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



Principal Place of Business  
**922 DOWD AVE  
ORLANDO FL 32804**

Mailing Address  
**922 DOWD AVE  
ORLANDO FL 32804**

2. Principal Place of Business

**200 Ocoee Apopka Rd**

Suite, Apt. #, etc.  
**Ocoee Florida**

City & State  
**34761 ORANGE**

Zip Country

3. Mailing Address

**200 Ocoee Apopka Rd**

Suite, Apt. #, etc.  
**Ocoee Florida**

City & State  
**34761 ORANGE**

Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3595070**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOLAND, GREG  
10935 MATTIODA ROAD  
GROVELAND FL 34736**

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 *Greg Noland* **Greg Noland/President** **3-7-03**  
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 **PD** ☐ Delete  
NAME **NOLAND, GREG**  
STREET ADDRESS **10935 MATTIODA ROAD**  
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **VTS** ☐ Delete  
NAME **NOLAND, LORI**  
STREET ADDRESS **10935 MATTIODA ROAD**  
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE ☐ Delete  
NAME  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 another like empowered.

SIGNATURE *Greg Noland* **Greg Noland/President** **3-7-03** **407 877-2380**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)