

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034835

1. Entity Name

P & H OWENS ROOFING ENTERPRISES, INC.

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90002 047 \*\*\*150.00

914304



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2308 S.E. 57TH AVENUE HOLLYWOOD FL 33023	Mailing Address 2308 S.E. 57TH AVENUE HOLLYWOOD FL 33023
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2. Principal Place of Business 5991 SW 23 Street Suite, Apt. #, etc.	3. Mailing Address 5991 SW 23 Street Suite, Apt. #, etc.
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City & State Hollywood, Fla	City & State Hollywood, Fla 33023	4. FEI Number 65-0829963	Applied For Not Applicable
Zip 33023	Country Broward	Zip 33023	Country Broward

6. Name and Address of Current Registered Agent  OWENS, PHILIP 3910 NW 82ND TERRACE DAVIE FL 33328	7. Name and Address of New Registered Agent Name Philip C. Owens Street Address (P.O. Box Number is Not Acceptable)  1654 East Harmony Circle City Davie, Fla FL Zip Code 33324
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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 Philip C. Owens Philip C. Owens 1-31-01  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, PHILIP 3910 NW 82ND TERRACE DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip C. Owens 1654 East Harmony Circle Davie, Fla 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWENS, GREGORY 6360 SCOTT STREET HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SNAULEY, RONALD 808 N 26 AVENUE HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Philip C. Owens Philip C. Owens 1-31-01 (954) 963-7611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)