2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # P98000041839 1. Entity Name 05-03-2001 90993 017 ***150.00 SOUTHLAND ROOFING SERVICE, INC. Principal Place of Business Mailing Address 257 Poinsettia Drive 257 Poinsettia Drive Panama city Beach, Panama City Beach, Florida 32408 Florida 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable 59-3513547 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas W. Ledman, Esq. <u>Gerald Hamm, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) 1007 Jenks Avenue 1007 Jenks Avenue Panama City, FL 32401 City Pana<u>m</u>a City FL 829409 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 💸 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE NAME NAME Benjamin F. Frazer STREET ADDRESS STREET ADDRESS 800 Randwisk Rd CITY-ST-ZIP CITY-ST-ZIP Dothan, AL 36301 Change ☐ Addition TITLE Delete TITLE Alice A. Dederich NAME NAME STREET ADDRESS STREET ADDRESS 1111 Cynthia Drive CITY-ST-7iP CITY-ST-ZIP Dothan, AL 36301 ☐ Delete TITLE Change ■ Addition THLE Obe Daniels NAME NAME STREET ADDRESS STREET ADDRESS 210 Wabash Avenue 32401 CITY-ST-ZIP CITY-ST-ZIP Panama City, FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADORESS

City-St-ZiP

STREET ADDRESS CITY-ST-ZIP

> J. sray signature and typed or printed name of signific officer or director Benjamin F. Frazer, President.

☐ Delete

☐ Delete

Change

Change

☐ Addition

Addition