

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90004 004 ***150.00

DOCUMENT # P98000042043

1. Entity Name
ARMCO ROOFING, INC.

Principal Place of Business
**664 TENTH PLACE SOUTH
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**664 TENTH PLACE SOUTH
 JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business
695 AIA North

Suite, Apt. #, etc.
#80

City & State
Ponte Vedra Beach, FL

3. Mailing Address
695 AIA North

Suite, Apt. #, etc.
#80

City & State
Ponte Vedra Beach, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3249175** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**MORRIS, ALAN R
 664 TENTH PLACE SOUTH
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent
 Name **same**
 Street Address (P.O. Box Number is Not Acceptable)
695 AIA North
#80
 City **Ponte Vedra Beach** FL **32082**

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 _____
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	PSTD MORRIS, ALAN R 664 TENTH PLACE SOUTH JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Alan R. Morris** **4/20/02** **(904) 612-4672**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)