

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090448

1. Entity Name

BOS SYSTEMS ROOFING COMPANY, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90095 011 \*\*\*550.00

Principal Place of Business	Mailing Address
1920 LAKE AVENUE SOUTHEAST LARGO FL 33771	P.O. BOX 5125 LARGO FL 33779-5125

2. Principal Place of Business	3. Mailing Address
4410 W. Crest Ave.	P.O. Box 15207
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Tampa, FL 33614	Tampa, FL 33684
Zip	Zip
33614	33684
Country	Country

4. FEI Number	58-2420909	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOSWELL, GAINES WM. JR. 1920 LAKE AVENUE SOUTHEAST LARGO FL 33771	Name Street Address (P.O. Box Number is Not Acceptable) 4410 W. Crest Ave. Tampa FL 33614 City Tampa FL Zip Code 33614

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 \_\_\_\_\_ DATE 5/24/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERWALD, EUGENE R	NAME	
STREET ADDRESS	2440 N CHARLES ST	STREET ADDRESS	
CITY-ST-ZIP	N. ST. PAUL MN 55109	CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHILLIPS, JOHN W	NAME	
STREET ADDRESS	2590 CENTENNIAL DR	STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN 55109	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERWALD, KENNETH M	NAME	
STREET ADDRESS	2440 N CHARLES ST	STREET ADDRESS	
CITY-ST-ZIP	N ST PAUL MN 55109	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANDELOW, RAMONA R	NAME	
STREET ADDRESS	2590 CENTENAL DR	STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN 55109	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: \_\_\_\_\_ DATE 05/24/00 813-350-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)