

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90252 039 ***155.00

DOCUMENT # P98000096948

1. Entity Name

SOUTHERN EXTERIORS ROOFING AND WATERPROOFING, INC.



Principal Place of Business

12265 S. DIXIE HWY
MIAMI FL 33156

Mailing Address

12265 S. DIXIE HWY
SUITE #91
MIAMI FL 33156
US

2. Principal Place of Business

MIAMI 12265 S. DIXIE HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

MIAMI P

Suite, Apt. #, etc.

SAME

City & State

33156

City & State

33156

Zip

Country

USA

Zip

33156

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0927034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OPPER, DAVID
12265 S. DIXIE HWY
MIAMI FL 33156

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	OPPER, DAVID	
STREET ADDRESS	12265 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	OPPER, LLOYD	
STREET ADDRESS	1065 27TH AVE.	
CITY-ST-ZIP	VERO BEACH FL 32951	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCDONALD, GORDON	
STREET ADDRESS	12265 S. DIXIE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-21-03

305-986-0176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)