

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90084 029 ***155.00

DOCUMENT # P99000017560

1. Entity Name

KIMBERLY M. HOUSTON ROOFING, INC.

Principal Place of Business

Mailing Address

ROUTE 1, BOX 327-E
 BRYCEVILLE FL 32009

ROUTE 1, BOX 327-E
 BRYCEVILLE FL 32009

2. Principal Place of Business

3. Mailing Address

ROUTE 1 BOX 327-E
 Suite, Apt. #, etc.

ROUTE 1 BOX 327-E
 Suite, Apt. #, etc.

City & State

City & State

Bryceville Fla

Bryceville Fla

4. FEI Number

593559900

Applied For
 Not Applicable

Zip

Country

32009

NASSUA

Zip

Country

32009

NASSUA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSTON, KIMBERLY M
 ROUTE 1, BOX 327-E
 BRYCEVILLE FL 32009

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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.

SIGNATURE: *Kimberly Houston*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

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, 2000 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 | <input type="checkbox"/> Delete |
|-------|----------------------------|--|-----------------------|---------------------------------|
| D | LEPRELL, SAMUEL L | 1930 SAN MARCO BLVD. SUITE 201, ST. MARK'S | JACKSONVILLE FL 32207 | <input type="checkbox"/> |
| D | DOUGLAS-WHITE, CHARLOTTE D | 1930 SAN MARCO BLVD. SUITE 201, ST. MARK'S | JACKSONVILLE FL 32207 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimberly Houston*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904
 03-02-00 612
 612-1758



DO NOT WRITE IN THIS SPACE