

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90021 032 ***150.00

DOCUMENT # P99000017560

1. Entity Name
KIMBERLY M. HOUSTON ROOFING, INC.

Principal Place of Business **Mailing Address**
 ROUTE 1, BOX 327-E ROUTE 1, BOX 327-E
 BRYCEVILLE FL 32009 BRYCEVILLE FL 32009

2. Principal Place of Business **3. Mailing Address**
 Rt 1 Box 327-E Rt 1 Box 327-E
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Bryceville Fla Bryceville Fla
 City & State City & State
 32009 32009
 Zip Zip
 Country Country
 Nassau Nassau



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3559900** Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HOUSTON, KIMBERLY M
 ROUTE 1, BOX 327-E
 BRYCEVILLE FL 32009

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.

SIGNATURE _____ **DATE** _____
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. **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Kimberly Houston* _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)