

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2002 90469 005 ***150.00

0633602 SP

DOCUMENT # P990000017560

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3559900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

Name **HOUSTON, KIMBERLY M.**
 Street Address (P.O. Box Number is Not Acceptable)
4561 EGGER PLACE
 City **CALLAHAN, FL** Zip Code **32011**

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	D	<input checked="" 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 checked="" 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		

TITLE	D & PRES/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUSTON, KIMBERLY M.	
STREET ADDRESS	4561 EGGER PLACE	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	D & SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAIR, THOMAS A.	
STREET ADDRESS	3447 JEANNE ROAD, P.O. BOX 1670	
CITY-ST-ZIP	CALLAHAN, FL 32011-1670	
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:

THOMAS A. BLAIR
 DIRECTOR & CORP. SECY 3/29/02 (404) 879-6336

Date

Daytime Phone #

CR2E034 (9/01)