

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90041 047 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000021511

1. Entity Name
SISSON ROOFING, INC.

Principal Place of Business Mailing Address

1007 CRESCENT PARKWAY **1007 CRESCENT PARKWAY**
DELAND FL 32724 **DELAND FL 32724**

2. Principal Place of Business 3. Mailing Address

2487 S. Volusia Ave **2487 S. Volusia Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 109 **Suite 109**

City & State City & State

ORANGE City, FL. **ORANGE City, FL.**

Zip Country Zip Country

32763 **Volusia** **32763** **Volusia**

4. FEI Number **59-3563827** Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SISSON, KENNETH W	
STREET ADDRESS	1007 CRESCENT PARKWAY	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PARMELEE, MICHAEL	
STREET ADDRESS	1007 CRESCENT PARKWAY	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KINCAID, RAY	
STREET ADDRESS	1007 CRESCENT PARKWAY	
CITY-ST-ZIP	DELAND FL 32724	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth B Sisson	
STREET ADDRESS	1007 CRESCENT PARKWAY	
CITY-ST-ZIP	Deland, FL. 32724	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY SEAN Sisson	
STREET ADDRESS	1007 CRESCENT PARKWAY	
CITY-ST-ZIP	Deland, FL. 32724	
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: Kenneth W. Sisson Kenneth W. Sisson 1-3-01 904-774-9961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)