


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

(Amended)

DOCUMENT # <u>99000072136</u>	
1. Entity Name <u>Duren Roofing Inc.</u>	

FILED

03 JUN 10 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>12981 SE Suzanne Drive</u>		3. Mailing Address <u>PO Box 969</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Hobe Sound, FL</u>	City & State <u>Hobe Sound, FL</u>	4. FEI Number <u>65-0941541</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33455</u>	Country <u>USA</u>	Zip <u>33475</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Jonathon W. Duren</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>8064 SE Carlton Street</u>	
	City <u>Hobe Sound</u>	FL Zip Code <u>33455</u>

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]

(NOTE: Registered Agent signature required when re-registering)

DATE

6/5/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jonathon W. Duren</u> <u>8064 SE Carlton St. Hobe Sound, FL</u> <u>33455</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500020795695</u> <u>06/12/03--01011--004 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Roselio Pastor</u> <u>5801 Cortez Street</u> <u>Stuart, FL 34994</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Doniel Vale</u> <u>11334 SE French Lane</u> <u>Hobe Sound, FL 33455</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all minor like empowered.

SIGNATURE: [Signature] President

6/5/03

722 546-7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/14

CR2E034B (12/02)