## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State DOCUMENT # P99000072448 1. Entity Name 05-14-2002 90322 036 \*\*\*150 00 ALAN'S ROOFING SUPPLY, INC. Principal Place of Business Mailing Address 13390 CORTEZ BLVD. 13390 CORTEZ BLVD. **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613** Principal Place of Business 3. Mailing Address 329 W. JEF Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3591884 Beooksin Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIELD, ALAN 13390 CORTEZ BLVD. **BROOKSVILLE FL 34613** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) ☐ Defete TITLE Change ☐ Addition NAME FIELD, ALAN STREET ADDRESS 1329 W. JEFFERGON STREET 13390 CORTEZ BLVD. STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34613 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 1 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP " TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustee empowered to execute the report of the corporation or the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver or trustee empowered to execute the receiver of the receiver of the receiver or trustee empowered to execute the receiver of changed, or on an attachment with an address

Daytime Phone #

SIGNATURE: