

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90124 028 \*\*\*150.00

**DOCUMENT # P99000085704**

1. Entity Name  
**VALLEY ROOFING, INC.**

Principal Place of Business  
**4160 NW 1ST AVENUE**  
**21**  
**BOCA RATON FL 33431**

Mailing Address  
**4160 NW 1ST AVENUE**  
**21**  
**BOCA RATON FL 33431**



2. Principal Place of Business  
**4160 NW 1st Avenue**  
 Suite, Apt. #, etc.  
**Suite 21**

3. Mailing Address  
**4160 NW 1st Avenue**  
 Suite, Apt. #, etc.  
**Suite 21**

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL,**

4. FEI Number **65-0958806**

Applied For  
 Applied For  
 Not Applicable

Zip **33431** Country **USA**

Zip **33431** Country **USA**

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HARRINGTON, TIMOTHY**  
**4160 NW 1ST AVENUE**  
**21**  
**BOCA RATON FL 33431**

**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 **TIMOTHY HARRINGTON**  
 Signature, typed or printed name of registered agent and title if applicable.

*Timothy Harrington*  
 (NOTE: Registered Agent signature required when reinstating)

**1/25/02**  
 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ALLEN, SCOTT P</b> <b>21455 SWEETWATER LANE SOUTH BOCA RATON FL 33428</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT TIM F HARRINGTON</b> <b>4160 N.W 1ST AVE. BOCA RATON, FL 33431</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy Harrington*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/02**  
 Date

**561.447.8880**  
 Daytime Phone #

CR2E034 (9/01)