

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000094561**

1. Entity Name

METAL ROOFING PRODUCTS, INC.**FILED**
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90061 025 ***150.00

Principal Place of Business

Mailing Address

**646 ANCHORS ST., #2
FT. WALTON BEACH FL 32548****646 ANCHORS ST., #2
FT. WALTON BEACH FL 32548-3869**

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

59-3603959

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLDUE, NORRIS
47 CAPE DR.
FT. WALTON BEACH FL 32548**Name **ROXANNE M. LEE**
Street Address (P.O. Box Number is Not Acceptable)
204 Marilyn Ave
City **Ft. Walton Bch** FL Zip Code **32548**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Pres	Norris Boldue	47 CAPE DR.	Ft. Walton Bch, FL 32548	<input checked="" type="checkbox"/>
	President / Secretary	ROXANNE M LEE	204 Marilyn Ave	<input type="checkbox"/>
		Ft. Walton Bch, FL 32548		
	Vice President	ROY E LEE	204 Marilyn Ave	<input type="checkbox"/>
		Ft. Walton Bch, FL 32548		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 850-244-1814

CR2E034 (9/99)