

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90055 030 \*\*\*150.00

**DOCUMENT # P99000100872**

1. Entity Name  
**J & J ROOFING OF HIGHLANDS COUNTY, INC.**

Principal Place of Business

**307 ORANGE RD.  
 LAKE PLACID FL 33852**

Mailing Address

**P.O. BOX 2624  
 LAKE PLACID FL 33862**

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 **65-0964409**

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

**WELLS, ROBERT J  
 307 ORANGE ROAD  
 LAKE PLACID FL 33852**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **WELLS, ROBERT JAMES**  
 STREET ADDRESS **P.O. BOX 2624**  
 CITY-ST-ZIP **LAKE PLACID FL 33862**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **MEISENHEIMER, GERALD J**  
 STREET ADDRESS **3231 FLATBUSH AVENUE**  
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Delete  
 NAME **FULMER, RODNEY**  
 STREET ADDRESS **P.O. BOX 2624**  
 CITY-ST-ZIP **LAKE PLACID FL 33862**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Craig M. Wells**  
 STREET ADDRESS **310 N. Pine Street**  
 CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **S** ☒ Delete  
 NAME **UNDERWOOD, BRIAN**  
 STREET ADDRESS **P.O. BOX 2624**  
 CITY-ST-ZIP **LAKE PLACID FL 33862**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Linnette Wells**  
 STREET ADDRESS **P.O. Box 2624**  
 CITY-ST-ZIP **Lake Placid, FL 33862-2624**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Robert J. Wells*

4-29-02

(863)699-6183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert J. Wells, President*

Date

Daytime Phone #

CR2E034 (9/01)