2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000107787 **DOCUMENT #**

1. Entity Name

ROOFS BY RAINY DAY INC.



FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90070 049 ***150.00

Principal Place of Business							1	ETRO									
Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Coy & State Country Country Special	460 13 AVENUE				460 13 AVENUE					i 100)(33)			18 .41 28 181 1			<u> 1840 1888 1888</u>	
City & State Country Zip	2. Principal Place of Business				3. Mailing Address												
Section Sect	Suite, Apt.	#, etc.	<u>. </u>	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
Country	City & State				City & State				39530 1037								
S. Name and Address of Current Registered Agents Simple Address of Now Registered Agent Simple Agen	Zip Country				Zip Coun			5. Certificate of Status De				Desired	Desired \$8.75 Additional				
Name		6 Name	and Address of Current		adi Amanti	T		7 11-		1 alalas a a	- 4 N	D		•	,u	-	
RICHARDSON, DUANE B 460 13 AVENUE N 3 SAINT PETERSBURG FL 33701 6. The above named entity submits this statement for the purpose of changing its registered agency or both, in the State of Florida. Tam farmiliar with, and accept the obligations of registered agent. SIGNATURE 7. Signature, hyper or period name of registered signature record when exercisely in the State of Florida. Tam farmiliar with, and accept the obligations of registered agent. 1. ORTHOR AND STATE THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payablo to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME STREET ADDRESS OFFI-ST-2P TILE NAME STREET ADDRESS OTFY-ST-2P TILE NAME ST		U. Hanie	and Address of Current	negistere	su Agente			** ******	-7NB	me and A	400ress	or new	Hegister	eo Age	mı		7
SAINT PETERSBURG FL 33701 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, an								•									
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SIGNATURE TILE NOW!!! FEE IS \$150.00			•	City FL Zip C								\dashv					
Signature, reported named ingereade agent and total reported in the color (Marke Cheer) Signature, reported previous flore (1988 and 1988 and 1988 and 1988 and 1988 and 1989 and 1	8. The above the obligat	named entity tions of regist	submits this statement fo ered agent.	r the purp	oose of changing its	registere	ed office or	registere	ed ager	t, or both	, in the S	State of F	lorida. I	am fam	illar with,	and accept	7
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

BEQUIDUANE RICHARDSON **SIGNATURE**