

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90137 036 \*\*\*150.00

**DOCUMENT # S30321**

1. Entity Name  
**GEORGE RUSSELL ROOFING, INC.**



Principal Place of Business  
**8901 COUNTY LINE ROAD  
LITHIA FL 33547**

Mailing Address  
**8901 COUNTY LINE ROAD  
LITHIA FL 33547**



2. Principal Place of Business

3. Mailing Address

**c/o Tom Russell**

Suite, Apt. #, etc.

**3625 PORTER RD**

Suite, Apt. #, etc.

City & State

**LITHIA FL**

City & State

Zip

**33547**

Country

Zip

Country

4. FEI Number **59-3047331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, THOMAS E  
8901 COUNTY LINE RD  
LITHIA FL 33547**

Name

Street Address (P.O. Box Number is Not Acceptable)

**c/o 3625 Porter Rd**

City

**LITHIA**

**FL**

Zip Code

**33547**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **RUSSELL, THOMAS E.**  
STREET ADDRESS **8903 COUNTY LINE RD.**  
CITY-ST-ZIP **LITHIA FL 32547**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **c/o 3625 Porter Rd**  
CITY-ST-ZIP **LITHIA FL 33547**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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TITLE ☐ Delete  
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TITLE  
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CITY-ST-ZIP

12. 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.

SIGNATURE:

**Thomas E Russell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-22-03 813) 601-0258**

CR2E034 (10/02)