

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S48432**

1. Entity Name
STERLING QUALITY ROOFING, INC.

Principal Place of Business

**5487 WILLIAMSBURG DR
PUNT GORDA FL 33982
US**

Mailing Address

**5487 WILLIAMSBURG DR
PUNT GORDA FL 33982
US**

2. Principal Place of Business

5481 Williamsburg Dr

3. Mailing Address

Suite, Apt. #, etc.

Punta Gorda, FL

City & State

City & State

Zip
33982

Country
USA

Zip

Country

4. FEI Number **65-0259992**

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

**LOWE, HENRY P.
26078 GLASGOW AVE
PUNTA GORDA FL 33950**

Name

Henry P. Lowe

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

7884 SW Indian Mound Rd.

City

ARCADIA

FL

Zip Code

34266

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, 2001 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 **P** ☐ Delete
NAME **LOWE, HENRY P**
STREET ADDRESS **7884 SW INDIAN MOUND RD**
CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **DVP** ☐ Delete
NAME **KODER, GEORGE T.**
STREET ADDRESS **21469 WINLOCK AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

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

TITLE **ST** ☐ Delete
NAME **LOWE, DEBRA A**
STREET ADDRESS **7884 SW INDIAN MOUND RD**
CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Debra A. Lowe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 941-575-7787

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90053 033 ***158.75

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DO NOT WRITE IN THIS SPACE