2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$71330 1. Entity Name METAL ROOFING CONTRACTORS, INC. Principal Place of Business SA BOCA CIECA DR MADERA BEACH FL 33708-3457 US 2. Principal Place of Business Sulfu Apt. #, etc. City & State C	FILED
Principal Piace of Business 45 BOOX CIEGA DR MUDRIA BEACH PL 33769-2457 US 2. Principal Piace of Business Suite April V. etc. Suite April V. etc. City & State City &	01, 2000 8:00 am
455 BOCA CIEGA DR MADERIA BEACH FL 33708-2457 2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. City & State City & S	o1-2000 90039 012 ***150.00
MADERA BEACH FL 33782-497 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	
Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State City & State City & State A. FEI Number 59-3077960 Zip Country Zip Country S. Cartificate of Status Desired S8.7. Foo R 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, GARY L 6868 122ND WAY NO. SEMINOLE FL 34642 City FL Zip 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 Notes or printe rand of rigidated agent and title # applicable POTE, Registered Agent distributed in the state of Florida. SIGNATURE Signature Notes or printe rand of rigidated agent and title # applicable POTE, Registered Agent distributed in the state of Florida. SIGNATURE Signature Notes or printe rand of rigidated agent and title # applicable POTE, Registered Agent distributed in the state of Florida. SIGNATURE Signature Notes or printe rand of rigidated agent and title # applicable POTE, Registered Agent distributed in the state of Florida. SIGNATURE Signature Notes or printe rand of rigidated agent and title # applicable POTE, Registered Agent distributed in the state of Florida. SIGNATURE Signature Notes or printe rand of rigidated agent and title # applicable POTE, Registered Agent distributed in the state of Florida. SIGNATURE Signature Notes or printe rand of rigidated agent and title # applicable POTE, Registered Agent distributed in the state of Florida. Intel	
City & State Zip	
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, GARY L. 8688 122ND WAY NO. SEMINOLE Ft. 34642 City FL Zi 6. 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 SICNATURE Symmetry, types or person on suppression agent and the if applicable. 7. Name and Address of New Registered Agent Name Sreet Address (P.O. Box Number is Not Acceptable) FL Zi 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 SICNATURE Symmetry, types or person on suppression agent and the if applicable. 7. Name and Address of New Registered Agent Number Symmetry to person on suppression agent and the if applicable. FL Zi The above named entity submits this statement for the purpose of changing its registered agent. or both. In the State of Florida Number Symmetry to person or suppression agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Symmetry requires depend agent and the if applicable. The Registered Agent Agent Symmetry requires depend agent and the if applicable. The Registered	DO NOT WRITE IN THIS SPACE
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, GARY L 6968 122ND WAY NO. SEMINOLE FL 34642 City FL Zit 6. 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 Signaum, hipsel or purses name of registered agent and the inspection agent and the inspection and purses name of registered agent and registered agent agent agent agent agent agent and registered agent agent agent agent agent agent agent agent and agent	59-3077960 Applied For Not Applicable
HUGHES, GARY L 6968 122ND WAY NO. SEMINOLE FL 34642 City FL Zy 6. 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 Spreams, bysed or primed change of ingitized agent and title if applicable (NOTE Registered Agent dignature includes when namedating) DATE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) Title D HUGHES, GARY L STREET ADDRESS	Fee Hequired
G988 122ND WAY NO. SEMINOLE FL 34642 City City FL Zf 6. 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 Signatur	iress of New Hegistered Agent
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 perted name of registered agent and title if applicable. (NOTE. Registered Agent signature required when restration) DATE 9. This corporation is elligible to satisfy its Initangible Tax filling requirement and elects to do so. (NOTE. Registered Agent signature required when restration) DATE 9. This corporation is elligible to satisfy its Initangible Tax filling requirement and elects to do so. (NOTE. Registered Agent signature required when restration) DATE 9. This corporation is elligible to satisfy its Initangible Tax filling requirement and elects to do so. (NOTE. Registered Agent signature required when restration) DATE 1.	
9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME	
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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 of 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:

1-29-2000 127-392-335 SIGNATURE: . SIGNATURE AND TYPED OR PRI TED NAME OF SIGNING OFFICER OR DIRECTOR