

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90277 001 ***300.00

DOCUMENT # **S71330**

1. Entity Name
METAL ROOFING CONTRACTORS, INC.



Principal Place of Business
405 BOCA CIEGA DR
MADEIRA BEACH FL 33708-2457
US

Mailing Address
405 BOCA CIEGA DR
MADEIRA BEACH FL 33708-2457
US

2. Principal Place of Business
4685 95th ST. North

3. Mailing Address
4685 95th ST. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
59-3077960

Applied For
☐ Not Applicable

Zip
33708-3721

Country
USA

Zip
33708-3721

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, GARY L.
6968 122ND WAY NO.
SEMINOLE FL 34642

7. Name and Address of New Registered Agent

Name **HUGHES, GARY L.**
Street Address (P.O. Box Number is Not Acceptable)
4685 95th STREET NORTH
City **ST. PETERSBURG** FL Zip Code **33708**

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 **G. Hughes** **G. HUGHES, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

01/22/03
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

TITLE **D** ☐ Delete
NAME **HUGHES, GARY L.**
STREET ADDRESS **6968 122ND WAY NO.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **SD** ☐ Delete
NAME **HUGHES, PATRICIA J.**
STREET ADDRESS **6968 122ND WAY NO.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **T** ☐ Delete
NAME **JEFFREY C HUGHES**
STREET ADDRESS **6968 122ND WAY N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **SD** ☐ Delete
NAME **HUGHES, JENNIFER L.**
STREET ADDRESS **6968 122ND WAY N 122ND**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **G. Hughes** **G. HUGHES, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/03
Date Daytime Phone #

CR2E034 (10/02)