

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90033 002 ***158.75

DOCUMENT # S76627

1. Entity Name

MUELLER ROOFING, INC.

Principal Place of Business

**1403 S. PATRICK DR., #20
 INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**1403 S. PATRICK DR., #20
 INDIAN HARBOUR BEACH FL 32937-4315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3097718**

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

**MUELLER, STANLEY J
 1403 S PATRICK DR #20
 INDIAN HARBOR FL 32937**

Name

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

City

FL

Zip Code

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 Stanley J Mueller

(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, 2000 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 **PSTD** ☐ Delete
 NAME **MUELLER, STANLEY J**
 STREET ADDRESS **335 GRANT AVE**
 CITY-ST-ZIP **SATELLITE BCH FL**

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

TITLE **VPOM** ☒ Delete
 NAME **HERR, WILLIAM J**
 STREET ADDRESS **6879 IDLEWYLE CIRCLE**
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE **VPOM** ☐ Change ☒ Addition
 NAME **Conrad Hendrickson**
 STREET ADDRESS **2514 Andrews Ave**
 CITY-ST-ZIP **Melbourne Fla 32935**

TITLE **VP** ☒ Delete
 NAME **PERRY, SAMUEL G**
 STREET ADDRESS **3141 MARY ST**
 CITY-ST-ZIP **W MELBOURNE FL 32908**

TITLE **VP** ☐ Change ☒ Addition
 NAME **David Allen Ross**
 STREET ADDRESS **117 Lee St**
 CITY-ST-ZIP **Indianapolis Fla 32937**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2000 223-7597

CR2E034 (9/99)