2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83026 1. Entity Name ATES ROOFING, INC.

FILED Feb 15, 2001 8:00 am Secretary of State 02-15-2001 90008 030 ***150.00

Principal Place of Business 6007 HGY85N CRESTVIEW FL 32539 US		Mailing Address 6007 HGY85N CRESTVIEW FL 32539 US				1 2 14) 2 144 2 101	8 (8 (1) 8 (8 (2) 8 (8)	11 6101 1 1 66 1
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4 . F	El Number 59-309597	er 59-3095974 Applied For Not Applicable		
Zip Country		Zip	Country		ertificate of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>	7. N	ame and Address of New			
A T.C.	0.0000		Name					
6011	s, roger Hwy. 85, n. Stylew FL 32536		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			· · · · Clty			FL	~Zip Code	9
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or	registered age	nt, or both, in the State of F	lorida.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signatu	re required when rein	istating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		!! FEE IS \$150.0 01 Fee will be \$5 le to Department	50.00	10. Election Campaign Fin Trust Fund Contribution			O May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADD	NTIONS/CHANGES TO OFF	FICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ATES, ROGER 6011 HWY. 85, N. CRESTVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ATES, MARY 6011 HWY. 85, N. CRESTVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CYTY-ST-ZIP	ST ATES, ROGER 6011 HWY. 85, N. CRESTVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			i	Change	Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	***			Change	Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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 eath; 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.

Feb 12,2001