2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90073 007 ***150.00

DOCUMENT # V08748

1. Entity Name
THOMAS N. THOMAS ROOFING, INC.

Principal Place of Business	Mailing Address
13713 SW 147TH CIRCLE LANE STE #2 MIAMI FL 33186 US	13713 SW 147TH CIRCLE LANE STE #2 MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15257 S.W. 172ST. Miami, FL 33187	15257 S.W. 172ST. Miami, FL 33187
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33187 Country: USA	Zip: 33187 Country: USA

4. FEI Number 65-0310922 ☐ 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
THOMAS, MICHAEL 13713 SW 147TH CIRCLE LANE STE #2 MIAMI FL 33186	Name: Thomas, Michael Street Address (P.O. Box Number is Not Acceptable): 15257 S.W. 172 ST. City: Miami FL Zip Code: 33187

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, MICHAEL 13713 SW 147TH CIRCLE LANE STE #2 MIAMI FL 33186	☐ Delete	Pres Thomas, Michael 15257 SW. 172 ST. Miami, FL. 33187	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP THOMAS, RAYMOND 16025 SW 101 AVENUE MIAMI FL 33157	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Michael Thomas 1-24-02 (305)253-9936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)