FILED

Jan 10, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31179 1. Entity Name L & W ROOFING, INC.							Secretary of State 01-10-2003 90023 024 ***150.00					
L & W ROOF 2010 NW 6TH OKEECHOBE US	+ STREET		L & V 2010 OKEE US	Mailing Address L & W ROOFING, INC 2010 NW 6TH STREET OKEECHOBEE FL 34972 US 3. Mailing Address								
Suite, Apt				Suite, Apt. #, etc.				_				
City & Sta	to		Cit	City & State				CHECK HERE IF MAKING CHANGES				
Oily & Gla	ie		City	City & State			4. FEI Number 59-3117433 Applied For Not Applicable				l	
Zip Country			Zip	Zip		Country		te of Status Desired	\$8.75 Add			
	6. Name	and Address of Cur	rent Registere	d Agent			7. Name an	d Address of New Register	•		ĺ	
						Name						
GODWIN, LARRY 603 SW 14 ST						Street Address (Street Address (P.O. Box Number is Not Acceptable)					
OKEECH	OBEE FL 349	972				City			Zip Cod	Δ		
8. The above the obligat	tions of registe	submits this statemered agent.				ed office or register	····	oth, in the State of Florida. 1	am familiar with,	and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					· <u>·</u>			lection Campaign Financing rust Fund Contribution.	_ ~	0 May Be I to Fees		
10. OFFICERS AND DIRECTORS					11.		ADDITIONS	CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Godwin, I 603 SW 14 Okeechol			☐ Delete					☐ Change	☐ Addition	(00,01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 . O. DOM !			☐ Delete		l			☐ Change	☐ Addition	Č	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		□ Delete -					Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			·		☐ Change	Addition		
ITLE IAME STREET ADDRESS		· • • • • • • • • • • • • • • • • • • •	*	□ Delete	TITLE				☐ Change	Addition		

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DANTUM SCHOOL WAYNE MSC/e//+

963-763-502

Change

☐ Addition