

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90071 036 ***150.00

DOCUMENT # F92000000655

1. Entity Name

BEST ROOFING TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 10803
 RALEIGH NC 27605

POST OFFICE BOX 10803
 RALEIGH NC 27605-0803

00011915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1616029

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RASH, RICKY
5717 WEST ST
DELEON SPRINGS FL 32130

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

5810 Tucker Rd
 City Jupiter **FL** Zip Code 33458

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 Wayne Demello

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-27-00
 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	S	<input type="checkbox"/> Delete
NAME	DUDLEY, MARY	
STREET ADDRESS	1108 NOWELL ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPPMAN, MARK	
STREET ADDRESS	1108 NOWELL ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, DIANNE	
STREET ADDRESS	1108 NOWELL ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARNES, DAVID	
STREET ADDRESS	1108 NOWELL ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARNES, DAVID	
STREET ADDRESS	1108 NOWELL ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIPPMAN, MARK	
STREET ADDRESS	1108 NOWELL ROAD	
CITY-ST-ZIP	RALEIGH NC	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #