


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90209 002 ***150.00

DOCUMENT # F92000000655

1. Entity Name
BEST ROOFING TECHNOLOGY, INC.



Principal Place of Business
**POST OFFICE BOX 10803
RALEIGH NC 27605**

Mailing Address
**POST OFFICE BOX 10803
RALEIGH NC 27605**

90011149



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **56-1616029**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEMELLO, WAYNE
5810 TUKER RD
JUPITER FL 33458**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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.

SIGNATURE: Monique [Signature] **1-20-03** **919-81-5572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)