

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F65179**

1. Entity Name

S K QUALITY ROOFING, INC.

Principal Place of Business

**772 SW 17TH AVE
DELRAY BCH FL 33444
US**

Mailing Address

**772 SW 17TH AVE
DELRAY BEACH FL 33444
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**KEUTER, KIRK
772 SW 17TH AVE
DELRAY BEACH FL 33444**

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.

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KEUTER, KIRK 22298 BUSHING ST. BOCA RATON, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPOS, FILIBERTO 3261 48TH LN LAKE WORTH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, WALTER C 2108 CYPRESS BEND DR SOUTH POMPANO BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEUTER, LAURA LEE 22298 BUSHING ST BOCA RATON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWSER, CONNIE 8100 E. COUNTRY CLUB BLVD. BOCAN RATON FL 33487	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90671 019 ***150.00

A0038432

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2158020**

Applied For

Not Applicable

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

CR2E034 (10/00)

0313656