

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90282 020 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2158020

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONNIE BOWSER 1/8/03 561-276-8040

Date

Daytime Phone #

CR2E034 (10/02)