

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90001 044 \*\*\*150.00

0066981 AV

**DOCUMENT # P92000005044**

1. Entity Name

**SECURITY ROOFING SYSTEMS, INC.**

*(Handwritten mark)*

Principal Place of Business

**4361 PETERS RD  
 PLANTATION FL 33317  
 US**

Mailing Address

**4361 PETERS RD  
 PLANTATION FL 33317  
 US**



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

**65-0380536**

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

**BIDLOFSKY, GERALD  
 921 JACARANDA CT  
 PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement

stored, or registered agent, or both, in the State of Florida.

SIGNATURE

(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 \$550.00~~  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **BIDLOFSKY, GERALD**  
 CITY-ST-ZIP **921 JACARANDA CT.  
 PLANTATION FL 33324**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 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

*(Handwritten signature: Gerald Bidlofsky)*  
 Date **7/16/01** Daytime Phone # **954-252-9010**

CR2E034 (5/01)

Attachment  
D#19200005044  
A0071357

# **SECURITY ROOFING SYSTEMS, INC.**

4361 PETERS RD.  
PLANTATION, FLORIDA 33317  
954-252-9010 954-584-7849 FAX

**JULY 2, 2001**

**FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL. 32302**

**TO WHOM IT MAY CONCERN:**

**THIS IS MY DUPLICATE FILING, I MAILED MY UNIFORM BUSINESS  
REPORT ON APRIL 17, 2001. IT MUST HAVE GOTTEN LOST IN THE MAIL,  
BECAUSE MY CHECK #8750 DID NOT CLEAR MY BANK. PLEASE ACCEPT  
THIS AS MY REPLACEMENT. THANK YOU.**

**SINCERELY,**



**GERALD BIDLOFSKY, PRES.**