

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

stated, as officer 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
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 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 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

Date

Daytime Phone #

(Handwritten signature: Gerald Bidlofsky, 7/16/01, 65-0380536)

CR2E034 (5/01)

Attachment
D#19200005044
A0071357

SECURITY ROOFING SYSTEMS, INC.

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

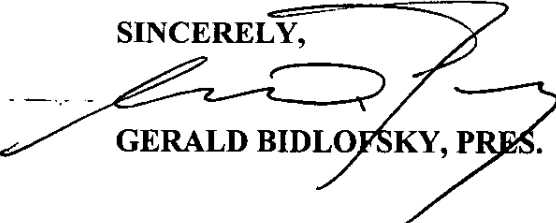
JULY 2, 2001

**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.