

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071430

1. Entity Name
AABCO ROOFING, INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90169 017 ***550.00

0081170 AV

Principal Place of Business
1717 SW 1ST WAY
DEERFIELD BCH FL 33064
US

Mailing Address
1717 SW 1ST WAY
DEERFIELD BCH FL 33064
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1303 SW 1st Way
Suite, Apt. # etc N/A

3. Mailing Address
1303 SW 1st Way
Suite, Apt. # etc N/A

City & State
Deerfield Beach
Zip 33441
Country Broward

City & State
Deerfield Beach
Zip 33441
Country Broward

4. FEI Number 65-0441989
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SLATKIN, SHELDON T
9900 WEST SAMPLE ROAD
SUITE 400
CORAL SPRINGS FL 33065
954-757-3440

7. Name and Address of New Registered Agent
Name SHELDON SLATKIN
Street Address (P.O. Box Number is Not Acceptable) 9900 West Sample Road
City Coral Springs FL Zip Code 33065

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

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 13, 2002 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

TITLE D
NAME FAMULARO, RAYMOND
STREET ADDRESS 1303 SW 1st Way
CITY-ST-ZIP DEERFIELD BEACH FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

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

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

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

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]

7/30/02 954-426-8500

CR2E034 (4/02)