

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

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

10-03-2002 90050 035 \*\*\*150.00

DOCUMENT # *P990000011074*

1. Entity Name

*A-1 SUNSHINE ROOFING INC*

**DO NOT WRITE IN THIS SPACE**

*981514*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*6576 NW 20ST*

3. Mailing Address

*10690 NW 27CT,*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*SUNRISE FLA.*

City & State

*SUNRISE FLA.*

4. FEI Number

Applied For

Not Applicable

Zip

*33313*

Country

*BROWARD*

Zip

*33322*

Country

*BROWARD*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *STEVE POLCHA*

Street Address (P.O. Box Number is Not Acceptable)  
*10690 NW 27 CT,*

City *SUNRISE*

*FL*

*33322*

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IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
*PRES. POLCHA*  
*STEVE*  
*10690 NW 27CT,*  
*SUNRISE FLA. 33322*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*VICE PRES.*  
*11411 NW 32PI.*  
*SUNRISE FLA. 33322*

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 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 #

*STEVE POLCHA* *STEVE POLCHA* *9/28/02* *748 1670*  
(954)

CR2E034B (12/01)

Attachment

981574

9/25/02 CORPORATE DETAIL RECORD SCREEN 9:55 AM  
NUM: P99000011074 ST: FL ACTIVE/FL PROFIT FLD: 02/01/1999  
FEI#: 65-1115536  
NAME : A-1 SUNSHINE ROOFING, INC.  
PRINCIPAL: 6516 NW 20 STREET CHANGED: 11/19/01  
ADDRESS : SUNRISE, FL 33313  
MAILING : 10690 NW 27 CY CHANGED: 11/19/01  
ADDRESS : SUNRISE, FL 33322  
RA NAME : POLCHA, STEVE G NAME CHG: 11/19/01  
RA ADDR : 10690 NW 27 STREET ADDR CHG: 11/19/01  
SUNRISE, FL 33322 US  
ANN REP : (2000) I 11/19/01 (2001) I 11/19/01

9/25/02 OFFICER/DIRECTOR DETAIL SCREEN 9:55 AM  
CORP NUMBER: P99000011074 CORP NAME: A-1 SUNSHINE ROOFING, INC.  
TITLE: P NAME: POLCHA, STEVE  
10690 NW 27TH COURT  
SUNRISE, FL 33322  
TITLE: V NAME: ECKHARDT, WILLIAM  
11411 NW 32ND PLACE  
SUNRISE, FL 33323