

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # F72096**1. Entity Name
FLOOKER ROOFING, INC.**Principal Place of Business**C/O FLOOKER ADAMS
1021 NORTHWEST FIRST STREET
FT LAUDERDALE FL
33311**Mailing Address**C/O FLOOKER ADAMS
1021 NORTHWEST FIRST STREET
FT LAUDERDALE FL
33311**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**59-2218174**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentADAMS, FLOOKER
3561 NW 5TH PLACEFT LAUDERDALE FL
33311**7. Name and Address of New Registered Agent**

Name

ADAMS, FLOOKER

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

2801 N.W. 15TH COURT

2ND FLOOR

City

FT LAUDERDALE

FL

Zip Code
33311

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)

04/18/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	V	☐ Delete
NAME	BROWN, FRANCES	
STREET ADDRESS	2801 NW 15TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TS	☒ Delete
NAME	ADAMS, BETTY	
STREET ADDRESS	3561 NW 5TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DP	☐ Delete
NAME	ADAMS, FLOOKER	
STREET ADDRESS	3561 N W 5TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	☒ Change ☐ Addition
NAME	ADAMS, FLOOKER	
STREET ADDRESS	2801 N.W. 15TH COURT 2ND FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Flooker Adams

P

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)