

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90526 002 \*\*\*150.00

**DOCUMENT # F82504**

1. Entity Name

**ROOFING SYSTEMS INCORPORATED OF PALM BEACH COUNTY**



Principal Place of Business  
**C/O WILLIAM ROGERS, JR.  
1020 S.W. 10 STREET  
DELRAY BEACH FL 33444-1239**

Mailing Address  
**C/O WILLIAM ROGERS, JR.  
1020 S.W. 10 STREET  
DELRAY BEACH FL 33444-1239**

**30014900**



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 **59-2217940**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROGERS JR, WILLIAM M  
1020 S.W. 10 STREET  
DELRAY BEACH FL 33444**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **C** ☐ Delete  
NAME **ROGERS, WILLIAM SR.**  
STREET ADDRESS **9932 GARDENSIDE DR**  
CITY-ST-ZIP **WAITE HILL, OH 00000**

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

TITLE **PST** ☐ Delete  
NAME **ROGERS, WILLIAM JR**  
STREET ADDRESS **998 S.W. 16TH STREET**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **V** ☐ Delete  
NAME **SPIES, WILLIAM JR.**  
STREET ADDRESS **13245 155TH PLACE NORTH**  
CITY-ST-ZIP **JUPITER FL 33478**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM ROGERS JR.**

**1/17/03**

**(561) 276-6506**

Date

Daytime Phone #

CR2E034 (10/02)