

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G65116**

1. Entity Name
ADVANCED ROOFING, INC.

Principal Place of Business
**4345 N.E. 12TH TERRACE
FT LAUDERDALE FL 33334**

Mailing Address
**4345 N.E. 12TH TERRACE
FT LAUDERDALE FL 33334**

FILED

02 MAR 14 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-2360591

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

**KORNAHRENS, ROBERT
4345 NE 12TH TERRACE
FT LAUDERDALE FL 33334**

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.

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	KORNAHRENS, ROBERT	
STREET ADDRESS	4345 NE 12TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	☐ Delete
NAME	KORNAHRENS, DEBORAH	
STREET ADDRESS	4345 NE 12TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STPD	☐ Delete
NAME	KORNAHRENS, ROBERT	
STREET ADDRESS	4345 NE 12TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	V	☐ Delete
NAME	STOKES, DANIEL	
STREET ADDRESS	4345 NE 12TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02 954-522-6868

Date

Daytime Phone #

0343631 AV

CR2E034 (10/9)