

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90080 026 ***150.00

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**

90024275



2. Principal Place of Business
1950 NW 22 St.
Suite, Apt. #, etc.

3. Mailing Address
1950 NW 22 St.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale FL
Zip
33311
Country
USA

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Ft. Lauderdale FL
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33311
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4. FEI Number **59-2360591**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1950 NW 22 Street
City & State
Ft Lauderdale FL 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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1950 NW 22 St Ft Lauderdale FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1950 NW 22 St Ft Lauderdale FL 33311
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

214103 954 522 6868

Date Daytime Phone #

CR2E034 (10/02)