## 2003 FOR PROFIT CORPORATION

## Feb 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** G65116 **DOCUMENT #** 1. Entity Name 02-12-2003 90080 026 \*\*\*150.00 ADVANCED ROOFING, INC. Mailing Address Principal Place of Business 4345 N.E. 12TH TERRACE 90024275 4345 N.E. 12TH TERRACE FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-2360591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name. KORNAHRENS, ROBERT 4345 NE 12TH TERRACE FI LAUDERDALE FL 33334 Lauderdale 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 ☐ Addition Change TITLE □ Delete KORNAHRENS, ROBERT NAME NAME 1950 NW 22 St 4345 NE 12TH TERRACE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-7IP Lauderdale CITY-ST-ZIP Change Addition VD. ☐ Delete TITLE TITLE KORNAHRENS, DEBORAH NAME NAME STREET ADDRESS 1950 NW 22 STREET ADDRESS 4345 NE 12TH TERRACE CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME KORNAHRENS, ROBERT NAME 4345 NE 12TH TERRACE STREET ADDRESS NW 22 ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-7IP Change TITLE ■ Addition ☐ Delete STOKES, DANIEL NAME NAME NW ZZ ST STREET ADDRESS 4345 NE 12TH TERRACE STREET ADDRESS CITY-ST-ZIP uderdale CITY-ST-ZIP ft lauderdale fl Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

214103

954 522 6868

**FILED** 

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