

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90155 045 ***150.00

DOCUMENT # **J20893**



1. Entity Name
LATITE ROOFING AND SHEET METAL COMPANY, INC.

Principal Place of Business
**2280 W. COPANS RD
POMPANO BEACH FL 33069
US**

Mailing Address
**C/O BERNARD T. MOYLE
ONE FINANCIAL PLAZA, STE 1600
FT. LAUDERDALE FL 33394-1697
US**



2. Principal Place of Business

3. Mailing Address
**910 Markt. Loterstein
One Financial Plaza, Ste 1600**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Fort Lauderdale, FL

4. FEI Number **59-2684819**

Applied For
Not Applicable

Zip

Country

Zip Country
33394-1697 USA

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

**MOYLE, BERNARD T.
ONE FINANCIAL PLAZA
STE 1600
FT. LAUDERDALE FL 33394-1697**

Name **MARK J. LOTERSTEIN, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
**BENSON, MUCCI & ASSOCIATES, LLP
One Financial Plaza, Ste. 1600
Fort Lauderdale FL 33394-1697**

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 *Mark J. Loterstein, Esq.*
Signature, typed or printed name of registered agent and title, if applicable

DATE **01-16-03**

(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	VD <input type="checkbox"/> Delete
NAME	PIKE, ROBT
STREET ADDRESS	2280 W COPANS RD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	STD <input type="checkbox"/> Delete
NAME	STRUVE, JULIA
STREET ADDRESS	2280 W COPANS RD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	V <input type="checkbox"/> Delete
NAME	SCHULTE, CHRIS
STREET ADDRESS	2280 W COPANS RD
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	PD <input type="checkbox"/> Delete
NAME	STRUVE, STEVE
STREET ADDRESS	2280 W COPANS RD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	CD <input type="checkbox"/> Delete
NAME	STRUVE, DAVID C
STREET ADDRESS	2280 W COPANS RD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEL BOSQUE, PAMELA
STREET ADDRESS	2280 W Copans Rd
CITY-ST-ZIP	FT Lauderdale, FL 33069
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES D ENGSKOW
STREET ADDRESS	2280 W Copans Rd
CITY-ST-ZIP	FT. Lauderdale, FL 33069
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven J. Struve President 2/7/03 954-772-3446*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # **Ext 344**

CR2E034 (10/02)