Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90071 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	.1298	102
Corporation Name	UEUU	, U
DOOR THE OPENIAL	IOTO INO	DOI:

ROOF TILE SPECIALISTS, INC. - POMPANO

Principal Place of Business Mailing Address				f 1004119 mirt alein init annis north alei	WISH BIEN BIBN B	(EI) BIBIT 1881	
819 S. FEDERA	I HWY	819 S. FEDERAL HWY.					
SUITE 201 SUITE 201				DO NOT WIDTE IN THIS SPACE			
STUART FL 34994 STUART FL 34994				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					08/21/1986	1-7-	Tad Fac
Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	 	plied For Applicable
21 26				59-2706214	\$8.75 Additional		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	ې و. ري م Fee Re		
City & State		City & State			6. Election Campaign Financing	\$5.00	
23	C	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current year I	ntangible	
24	25	29 3	30		Personal Property Tax.		EMO
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registere	d Agent	
	1/4001		81	Name			
	, KAREN		82	Street A	Address (P.O. Box Number is Not Acceptable)	•	
	so. Féderal Highway Te 201		-				
	ART FL 34994		83	'	·		
310/	ANI FL 34394		84	City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statutes	s, the abov	e-named o	corporation submits this statement for the purpose i	of changing its	registered
office or o	egistered agent, or both, in the Sim familiar with, and accept the ob	tate of Florida. Such change was aut bligations of, Section 607.0505, Florid	thorized by da Statutes	the corpo	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its	registered gistered
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

The reverse Tobase Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Johnson, Director

☐ Addition