## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 04, 2002 8:00 am \( \frac{1}{5} \) Secretary of State , DOCUMENT # J31103 1. Entity Name ROOFS, STRUCTURES & MANAGEMENT, INC. 03-04-2002 90008 019 \*\*\*150.00 Principal Place of Business Mailing Address 2350 - 34TH STREET, NORTH 2350 - 34TH STREET, NORTH SUITE 140 SUITE 140 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address -- Suite, Apt. #; etc.-Suite, Apt.,#, etc. \_\_\_DO.NOT\_WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2844245 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MELTZER, GORDON H. Street Address (P.O. Box Number is Not Acceptable) 2350 - 34TH STREET, NORTH SUITE 140 ST. PETERSBURG FL 33713 City Zip Code FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10.- Election Campaign'Financing \*\$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. ... (See criteria 3n back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition NAME MĚLTZER, IVONÉ P NAME STREET ADDRESS 7121 BAY STREET STREET ADDRESS CITY-ST-ZIP ST PETE BEACH FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME : MELTZER, GORDON H. NAME STREET ADDRESS 7121 BAY STREET STREET ADDRESS CITY-ST-ZIP ST PETE BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eath; that I am an officer or director of the corporation or the receiver or trustee emowered 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:

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