2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **K89096** 1. Entity Name AMERICAN ROOF TECHNOLOGY, INC. 04-27-2001 90385 027 ***150.00 Principa! Place of Business Mailing Address 23142 SANDALFOOT PLAZA DRIVE 6574 N STATE RD 7 % ROBERT L. JOHNSON JR. STE. 295 BOGÁ RATON EL 33428 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE above Te City & State City & State 4. FEI Number Applied For 65-0118678 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired WS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSTON, ROBERT G JR. Street Address (P.O. Box Number is Not Acceptable) 6574 N STATE RD 7 STE. 295 COCONUT CREEK FL 33073 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE くそとせいく Change Delete NAME Johnston, Robert G. Jr. ward N. STate Rd 7#295 STREET ADDRESS 6574 N STATE RD 7, STE. 295 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP reek FL 33072 COCONU CREEK FL 1ITLE Delete Change Addition NAME JOHNSTON, BETTY PATRICIA STREET ADDRESS 6574 N STATE RD 7, STE. 295 STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL TITLE ☐ Delete TITLE Change Change Addition NAME JOHNSTON, ROBERT G JR. NAME STREET ADDRESS 6574 N STATE RD 7, STE. 295 STREET ADDRESS CITY-ST-7IP COCONUT CREEK FL CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME ARCHARD, GERALD NAME STREET ADDRESS STREET ADDRESS 6574 N STATE RD 7 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33073 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 ADORESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: