

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004879

1. Entity Name

ROOF TEC, LLC

FILED

01 OCT 16 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1316 WHITFIELD AVENUE UNIT 16
SARASOTA FL 34243

Mailing Address

1316 WHITFIELD AVENUE UNIT 16
SARASOTA FL 34243

2. Principal Place of Business

12457 TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

12457 TAMiami TRAIL

Suite, Apt. #, etc.

City & State

NORTH PORT FL

City & State

NORTH PORT FL

4. FEI Number

65-0962-008

Applied For

Not Applicable

Zip

34287

Country

FLORIDA

Zip

34287

Country

FLORIDA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOZON, BERNARD
1316 WHITFIELD AVENUE UNIT 16
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

LOZON, BERNARD

Street Address (P.O. Box Number is Not Acceptable)

12457 TAMiami TRAIL

City

NORTH PORT

FL

Zip Code

34287

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/01/2001

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004653390--7
-10/25/01--01029--016
*****55.00 *****50.00

9. DIRECT MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
BENJAMIN J. LOZON
STREET ADDRESS 12457 TAMiami TRAIL
CITY-ST-ZIP NORTH PORT FL 34287

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

9/13/2001

Daytime Phone #

941 4299400

CR2E083 (5/01)