

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90160 049 \*\*\*\*50.00

**DOCUMENT # L01000010597**

1. Entity Name

**JOHN L. ROOF, LLC**

Principal Place of Business

**JOHN L. ROOF**  
**2100 S OCEAN DR SKY HARBOR EAST APT 10 G**  
**FT LAUDERDALE FL 33316**

Mailing Address

**JOHN L. ROOF**  
**2100 S OCEAN DR SKY HARBOR EAST APT 10 G**  
**FT LAUDERDALE FL 33316**

86178

2. Principal Place of Business

**2100 S Ocean Drive**

Suite, Apt. #, etc.

**10 G**

City & State

**FT. LAUDERDALE, FLORIDA**

Zip

**33316**

Country

**FLORIDA**

3. Mailing Address

**2100 S Ocean Drive**

Suite, Apt. #, etc.

**10 G**

City & State

**FT. LAUDERDALE, FLORIDA**

Zip

**33316**

Country

**FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**105-1120424**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**EMO CORPORATE SERVICES INC**  
**100 NE THIRD AVE**  
**SUITE 1100**  
**FT LAUDERDALE FL 33301**

Name

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

City

**FL**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**John L. Roof, apt 10G** ☐ Delete  
**2100 S. OCEAN DRIVE**  
**FT. LAUDERDALE, FLORIDA**  
**33316**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

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

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 CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

**4/2/02**

**954-523-9467**

CR2E083 (9/01)