

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90056 025 \*\*\*150.00

0296738

**DOCUMENT # P00000049898**

1. Entity Name  
**B2B ROOFING NETWORK INC.**

Principal Place of Business  
**23142 SANDALFOOT PLAZA DR.  
BOCA RATON FL 33428**

Mailing Address  
**23142 SANDALFOOT PLAZA DR.  
BOCA RATON FL 33428**

**960976**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**600 W. Hillsboro Blvd**

3. Mailing Address  
**6574 N. State Rd 7**

Suite, Apt. #, etc.  
**Suite 110**

Suite, Apt. #, etc.  
**Suite 122**

City & State  
**Deerfield Beach FL**

City & State  
**Coconut Creek FL**

4. FEI Number  
**65-1011907**

Applied For  
Not Applicable

Zip  
**33441**

Country  
**USA**

Zip  
**33073**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSTON, ROBERT - Same**  
**23142 SANDALFOOT PLAZA DR.**  
**BOCA RATON FL 33428**

Name  
**Robert Johnston**  
Street Address (P.O. Box Number is Not Acceptable)

**6574 N. State Road 7 #122**  
City  
**Coconut Creek FL** Zip Code  
**33073**

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 *Robert Johnston* **Robert Johnston**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/23/01**  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**JOHNSTON, ROBERT** ☐ Delete  
**23142 SANDALFOOT PLAZA DR.**  
**BOCA RATON FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chief Operating Officer** ☒ Change ☐ Addition  
**Director/Chairman**  
**Robert Johnston**  
**600 W. Hillsboro Blvd #110**  
**Deerfield Beach FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD** ☐ Delete  
**MURTON, EDWARD J**  
**23142 SANDALFOOT PLAZA DR.**  
**BOCA RATON FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO / Director** ☒ Change ☐ Addition  
**Edward Murton**  
**600 W. Hillsboro Blvd #110**  
**Deerfield Beach FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD** ☐ Delete  
**MURTON, BETTY**  
**23142 SANDALFOOT PLAZA DR.**  
**BOCA RATON FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President / Director** ☒ Change ☐ Addition  
**Phillip Heyden**  
**600 W. Hillsboro Blvd #110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP / Director** ☐ Change ☒ Addition  
**Gerald Archard**  
**600 W. Hillsboro Blvd #110**  
**Deerfield Beach FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary / Treasurer** ☒ Change ☐ Addition  
**Betty Johnston**  
**600 W. Hillsboro Blvd #110**  
**Deerfield Beach FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director** ☐ Change ☒ Addition  
**Larry Nelson**  
**600 W. Hillsboro Blvd #110**  
**Deerfield Beach FL 33441**

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

SIGNATURE: *Betty Johnston* **Betty Johnston**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01** **954-596-8566**  
Date Daytime Phone #

CR2E034 (10/00)