

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-13-2003 90079 023 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114544

1. Entity Name
ROOF TOP ENTERPRISES, INC.



Principal Place of Business
2023 SHORELINE DRIVE
AUBURNDAL FL 33823

Mailing Address
2023 SHORELINE DRIVE
AUBURNDAL FL 33823



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ERNIE
1958 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RATLIFF, LINDA D	2023 SHORELINE DRIVE	AUBURNDAL FL 33823	
D	RATLIFF, JOHN C	2023 SHORELINE DRIVE	AUBURNDAL FL 33823	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda D Ratliff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10 - 03 863 968-9717
Date Daytime Phone #

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45202

DATE OF THIS NOTICE: 04-04-2002
NUMBER OF THIS NOTICE: CP 576 A
EMPLOYER IDENTIFICATION NUMBER: 30-0058071
FORM: 1120
0223943860 B

Attachment
55007929
#P 0000114544

ROOF TOP ENTERPRISES INC
2023 SHORELAND DR
AUBURNDALE FL 33823

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

As we were processing your Form 1120 for tax period 122001, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 30-0058071. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.

Keep this part for your records. CP 576 A (Rev. 7-1997)

Return this part with your Form SS-4, Application for Employer Identification Number. Please correct any errors in your name or address.

CP 576 A

0223943860

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 04-04-2002
EMPLOYER IDENTIFICATION NUMBER: 30-0058071
FORM: 1120

INTERNAL REVENUE SERVICE
CINCINNATI OH 45202

ROOF TOP ENTERPRISES INC
2023 SHORELAND DR
AUBURNDALE FL 33823