

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90208 032 ***150.00

DOCUMENT # P00000117865

1. Entity Name

AFRICA ROOFING, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2056 N. Dixie Highway
Suite, Apt. #, etc.2056 N. Dixie Highway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL.City & State
Fort Lauderdale

4. FEI Number

☒ Applied For
☐ Not ApplicableZip
33305Country
BrowardZip
33305Country
Broward5. 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

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

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 State10. 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President/Treasurer Jan Grobler c/o Safari Group Inc. 2056 N. Dixie Fort Lauderdale, FL. 33305	
		Secretary Neville Brian Spracklen c/o Safari Group Inc. 2056 N. Dixie Fort Lauderdale, FL. 33305	
			<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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEVILLE SPRACKLEN 3/24/01

Date

(954) 5640059

Daytime Phone #

CR2E034 (11/00)