

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90120 048 ***150.00

DOCUMENT # P01000043292

1. Entity Name
ROOF CONCEPTS, INC.



Principal Place of Business
**825 SW AMETHIST TERRACE
PORT ST LUCIE FL 34953**

Mailing Address
**825 SW AMETHIST TERRACE
PORT ST LUCIE FL 34953**

2. Principal Place of Business
1203 SW Biltmore St
Suite, Apt. #, etc.

3. Mailing Address
1203 SW Biltmore St
Suite, Apt. #, etc.

City & State
Port St Lucie, FL

City & State
Port St Lucie, FL

4. FEI Number **65-1099823**

Applied For
Not Applicable

Zip
34983

Country

Zip
34983

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PERLA, ANTHONY
825 SW AMETHIST TERRACE
PORT ST LUCIE FL 34953**

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

TITLE **D** ☐ Delete
NAME **PERLA, ANTHONY**
STREET ADDRESS **825 SW AMETHIST TERRACE**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Geraldine E Perla**
STREET ADDRESS **825 SW Amethist Ter.**
CITY-ST-ZIP **Port St Lucie, FL 34953**

TITLE **VP** ☐ Change ☒ Addition
NAME **Robert Bergquist**
STREET ADDRESS **159 SW Wilman DR**
CITY-ST-ZIP **Port St Lucie, FL 34983**

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

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CITY-ST-ZIP

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:

Geraldine E Perla 3-10-03 772-336-2911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)