

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-20-2002 90035 030 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091283
 1. Entity Name
ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.

Principal Place of Business Mailing Address
3501 SW CORPORATE PARKWAY **3501 SW CORPORATE PARKWAY**
PALM WAY FL 34990 **PALM WAY FL 34990**

23436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3091 SE WAALER ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
STUART FL
 Zip Country Zip Country
34997 **USA**

4. FEI Number Applied For
65-1140176 Not Applicable
 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	
MCINTYRE, WILLIAM C 3501 SW CORPORATE PARKWAY PALM WAY FL 34990		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		3091 SE Waaler ST	
		City	State
STUART	FL	34997	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, JESUS JR	NAME	
STREET ADDRESS	989 SW HUNT CLUB CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PALM WAY FL 34990	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, CHRISTOPHER A	NAME	
STREET ADDRESS	5638 SE MATOUSEK ST	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Christopher A. Higgins]* Date: **4-9-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)