

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90938 037 ***150.00

DOCUMENT # P01000091283

1. Entity Name

ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.



Principal Place of Business

**3091 SE WAGLER ST
STUART FL 34997**

Mailing Address

**3501 SW CORPORATE PARKWAY
PALM WAY FL 34990**

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 **65-1140176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINTYRE, WILLIAM C
3091 SE WAGLER ST
STUART FL 34997**

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

**D
VASQUEZ, JESUS JR
989 SW HUNT CLUB CIRCLE
PALM WAY FL 34990**

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

**D
HIGGINS, CHRISTOPHER A
5636 SE MATOUSEK ST
STUART FL 34997**

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

772-263-0610

Daytime Phone #

CR2E034 (10/02)