

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90012 016 ***550.00

DOCUMENT # P01000097462

1. Entity Name
ALUMA-TILE ROOFERS, INC.

Principal Place of Business
333 FAULKENBURG RD., SUITE A-130
TAMPA FL 33619

Mailing Address
333 FAULKENBURG RD., SUITE A-130
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address
P.O. Box 3334

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
EL SEGUNDO, CA

4. FEI Number
94-3408892

Applied For
 Not Applicable

Zip

Country

Zip
90245

Country
U.S.A

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

MCGARR, CHRIS
333 FAULKENBURG RD., SUITE A-130
TAMPA FL 33619

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 *Chris McGarr*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9-4-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PRESIDENT** ☐ Delete
 NAME **JOHN P. MCGARR**
 STREET ADDRESS **5701 W. IMPERIAL Highway**
 CITY-ST-ZIP **LOS ANGELES, CA 90045**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 NAME
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 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: *John P. McGarr* **SIGNATURE OF REGISTERED AGENT** 9/4/02 (310) 258-0045

CR2E034 (4/02)