

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90451 014 ***158.75

DOCUMENT # P01000099580

1. Entity Name

AMERICAN HIGHRISE ROOFING TECHNOLOGY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1120 Bogey Ln.

3. Mailing Address

5375 Rollingridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longboat Key, FL 34228

City & State

Palos Verdes, CA 90274

4. FEI Number

01-0550957

Applied For

Not Applicable

Zip

34228

Country

USA

Zip

90274

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Agents and Corporations, Inc.

Street Address (P.O. Box Number is Not Acceptable)

Suite E, 773 4th Avenue North

City

Naples

FL

Zip Code

34102

**DO NOT WRITE
IN THIS SPACE**

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)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Robert Poxon and Linda Call
STREET ADDRESS 5375 Rollingridge Rd.
CITY-ST-ZIP Palos Verdes, CA 90274

TITLE Treasurer
NAME Robert Poxon
STREET ADDRESS 5375 Rollingridge Rd.
CITY-ST-ZIP Palos Verdes, CA 90274

TITLE Secretary
NAME Linda J. Call
STREET ADDRESS 312 So. Lucia Ave.
CITY-ST-ZIP Redondo Beach, CA 90277

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

Linda Call

Linda Call

05/12/2002

(310) 213-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)