

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90367 001 ***150.00

DOCUMENT # P01000103302

1. Entity Name
THE ROOF PROFESSOR, INC.

Principal Place of Business
7543 N.W. 3RD COURT
PLANTATION FL 33317

Mailing Address
7543 N.W. 3RD COURT
PLANTATION FL 33317

2. Principal Place of Business
7543 N.W. 3RD CT.
 Suite, Apt. #, etc.

3. Mailing Address
7543 N.W. 3RD CT.
 Suite, Apt. #, etc.

City & State
Plantation, FL.
Zip
33317
Country
Broward

City & State
Plantation, FL.
Zip
33317
Country
Broward

4. FEI Number
UD 65-1150537
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RINKUS, ERIC
7543 N.W. 3RD COURT
PLANTATION FL 33317

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 _____ (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)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D RINKUS, ERIC
STREET ADDRESS	7543 N.W. 3RD COURT
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	<input type="checkbox"/> Delete
NAME	D RINKUS, DANIEL
STREET ADDRESS	8045 N.W. 21ST STREET
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	<input type="checkbox"/> Delete
NAME	RINKUS, EUGENE
STREET ADDRESS	2226 W. CECILE STREET
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]* **SIGNATURE REQUIRED** *Vice President 7/11/2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 33314

7/11/2002
Attachment
Document #
PO1000103302
121399

The Roof Professor, Inc.
7543 N.W. 3RD COURT
Plantation, FL 33317-2277

Sirs:

I am responding as per our
conversation today that this
was the first correspondence from
your office that we have received.
Thank you for your help.

Eugene M. Runkus
~~Eugene M. Runkus~~
Vice President
The Roof Professor, Inc.

Please find check for \$150.00