

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90153 020 ***150.00

0179872 AV

DOCUMENT # P02000041704

1. Entity Name
A ROOFING SPECIALIST, INC.



Principal Place of Business
**18331 PINES BLVD., SUITE 193
PEMBROKE PINES FL 33029**

Mailing Address
**18331 PINES BLVD., SUITE 193
PEMBROKE PINES FL 33029**



2. Principal Place of Business
8710 NW 18 Ct
Suite, Apt. #, etc.

3. Mailing Address
8710 NW 18 Ct
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs, FL
Zip
33071
Country
USA

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Coral Springs, FL
Zip
33071
Country
USA

4. FEI Number
01-0698811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASS, JEFFREY
18331 PINES BLVD., SUITE 193
PEMBROKE PINES FL 33029**

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

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

TITLE **D** ☐ Delete
NAME **BASS, JEFFREY**
STREET ADDRESS **18331 PINES BLVD., SUITE 193**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **MARRIOTT, JAMES**
STREET ADDRESS **8710 NW 18 Ct**
CITY-ST-ZIP **Coral Springs, FL 33071**

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

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

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CITY-ST-ZIP

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 PROS**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

Daytime Phone #

CR2E034 (10/02)