2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

JUPITER FL 33468

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P.O. BOX 8128

DOCUMENT # P92000008833

Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

11531 178TH ROAD NO

JUPITER FL 33478

City & State

Zip ,

SIGNATURE

AMERICAN ROOFING SERVICES OF FLORIDA, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90104 006 ***150.00

OPECUUU

Fee Required

	CHECK HERE IF MAKING CHA	NGES
4.	FEI Number 65-0372661	Applied For
		Not Applicable
5.	Certificate of Status Desired 58.7	5 Additional

TUCKER, DAVID A 11531 178TH ROAD NO JUPITER FL 33478

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code
ad office or registered agent, or both, in the State of Florida	I am fan	niliar with, and accept

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 epligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE TUCKER, DAVID A NAME 11531 178TH ROAD NO STREET ADDRESS STREET ADDRESS JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AL JA

561-743-8944

Daytime Phone #

CR2E034 (10/02)