2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am DOCUMENT # P92000014088 **Secretary of State** 1. Entity Name ROOFING CONCEPTS UNLIMITED/FLORIDA, INC. 03-26-2001 90079 036 ***150.00 Principal Place of Business Mailing Address 433 S DIXIE HWY E ROOFING CONCEPTS UNLIMITED/FLORIDA. INC. POMPANO BEACH FL 33060 433 S DIXIE HWY E POMPANO FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0373955 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent haw broup JACOBAZZI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 433 S DIXIE HWY EAST POMPANO BEACH FL 33060 IDDLE RIVER OR. 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change ☐ Addition JACOBAZZI, ROCCO NAME STREET ADDRÉSS STREET ADDRESS 433 S DIXIE HWY EAST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE ☐ Delete TITLE ☐ Addition PD NAME JACOBAZZI, MICHAEL NAME STREET ADDRESS 433 S DIXIE HWY EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL \$D~~~~~; ☐ Addition ☐ Delete ☐ Change TiTi F. ---TITLE JACOBAZZI, DENISE A NAME NAME STREET ADDRESS 433 S DIXIE HWY E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Change ☐ Addition ☐ Delete TITLE TITLE JACOBAZZI, ANTHONY NAME NAME STREET ADDRESS 433 S DIXIE HWY E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.