## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P93000045785 1. Entity Name ROOF MAJIC ENTERPRISES, INC. 01-25-2000 90087 006 \*\*\*150.00 Principal Place of Business Mailing Address 573 TULLAULAH RD. 573 TULLAULAH RD. LANTANA FL 33462-2113 LANTANA FL 33462 D0008595 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0375211 Not Applicable Zip Country 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 Name PICHELOUPE, ELLIS Street Address (P.O. Box Number is Not Acceptable) 573 TALLULAH RD. LANTANA FL 33462 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (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, 2000 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 12. 11. Addition ☐ Delete TITLE TITLE NAME PICHELOUPE, ELLIS STREET ADDRESS STREET ADDRESS 573 TALLULAH RD. CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SLOAN, HOWARD STREET ADDRESS STREET ADDRESS 433 PALO ALTO DR. CITY-ST-ZIP CITY-ST-ZIP PALM SPRINGS FL 33461 Change Addition TITLE ☐ Delete TITLE NAME PICHELOUPE, SUSAN NAME STREET ADDRESS STREET ADDRESS 573 TALLULAH RD. CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR

☐ Delete

1-17-2000 (561) 969-0040

Date Davime Phone #

☐ Addition