2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State
08-01-2002 90169 017 ***550.00

008170 AV

DOCUMENT # P93000071430

1. Entity Name
AABCO ROOFING, INC. ✓

Principal Place of Business	Mailing Address
1717 SW 1ST WAY DEERFIELD BCH FL 33064 US	1717 SW 1ST WAY DEERFIELD BCH FL 33064 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1303 SW 1 WAY	1303 SW 1 WAY
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Deerfield Beach	City & State Deerfield Beach
Zip 33441 / Country Broward	Zip 33441 / Country Broward

4. FEI Number 65-0441989 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLATKIN, SHELDON T
9900 WEST SAMPLE ROAD
SUITE 400
CORAL SPRINGS FL 33065

954-757-3440

7. Name and Address of New Registered Agent

Name SHELDON SLATKIN
Street Address (P.O. Box Number is Not Acceptable) 9900 West Sample Road
City Coral Springs FL Zip Code 33065

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

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAMULARO, RAYMOND ~~1717~~SW 1 WAY ~~#10~~ 1303 DEERFIELD BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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] 7/30/02 954-426-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR