2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am DOCUMENT # P9400001098 **Secretary of State** E & J ROOFING SERVICES, INC. 03-05-2001 90079 032 ***150.00 Principal Place of Business Mailing Address 1271 NW 32ND AVE. 1271 NW 32ND AVE. FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 921110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0465142 Not Applicable Zip Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KURLAND, JACQUELINE I. KURLAND, ELISSA R'ESQ. Street Address (P.O. Box Number is Not Acceptable) 9105 Taft Street 727 N.E. 3RD AVENUE **SUITE 201** FORT LAUDERDALE FL ^{City} Pembroke Pines, 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 Fiorida. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE ☐ Change ROUNTREE, E J NAME NAME 1271 N.W. 32ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33311 TITLE ☐ Delete TITLE ☐ Change Addition ROUNTREE, ESSIE NAME NAME 1271 N.W. 32ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS -STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete 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 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 attachage naw that an address, with all other like empowered.

SIGNATURE:

SIGNATURE AUD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01 (954)587-4196

Daytime Phone #