

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069697

1. Entity Name
ROOFING TECHNOLOGIES UNLIMITED, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90023 022 ***150.00

Principal Place of Business

18687 BARTOW BLVD
FORT MYERS FL 33912
US

Mailing Address

18687 BARTOW BLVD
FORT MYERS FL 33912
US

2. Principal Place of Business

19660 LITTLE LANE
Suite, Apt. #, etc.

3. Mailing Address

19660 LITTLE LANE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ALVA FL

City & State

ALVA, FL

4. FEI Number 65-0521639

Applied For

Not Applicable

Zip 33920

Country LEE

Zip 33920

Country LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEAKE, RICHARD L.
18687 BARTOW BLVD
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name LEAKE, RICHARD L.
Street Address (P.O. Box Number is Not Acceptable)
19660 LITTLE LANE
City ALVA FL Zip Code 33920

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEAKE, RICHARD L	
STREET ADDRESS	18687 BARTOW BLVD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 19, 2001

941-8234734

CR2E034 (10/00)