

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0023866 AV

05-02-2003 90259 021 ***150.00

DOCUMENT # P94000069697

1. Entity Name
ROOFING TECHNOLOGIES UNLIMITED, INC.



Principal Place of Business
19660 LITTLE LANE
ALVA FL 33920
US

Mailing Address
19660 LITTLE LANE
ALVA FL 33920
US

2. Principal Place of Business

26 ANDROS ST

3. Mailing Address

PO BOX 962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH FL

City & State

ALVA FL

4. FEI Number

65-0521639

Applied For

Not Applicable

Zip

33936

Country

US

Zip

33920

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEAKE, RICHARD L.
19660 LITTLE LANE
ALVA FL 33920

7. Name and Address of New Registered Agent

Name
LEAKE RICHARD L.

Street Address (P.O. Box Number is Not Acceptable)

26 ANDROS ST

City

LEHIGH

FL

Zip Code

33936

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 _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEAKE, RICHARD L
18687 BARTOW BLVD
FORT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **RICHARD L. LEAKE**

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 239-823-4734

Date Daytime Phone #

CFR2E034 (10/02)