

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015530

1. Entity Name
ROOF SYSTEM SERVICES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90216 039 ***150.00

Principal Place of Business
2251 HAMMONDVILLE RD
STE 300
POMPANO BEACH FL 33069
US

Mailing Address
2251 HAMMONDVILLE RD
STE 300
POMPANO BEACH FL 33069-1505
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0540009**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAZENBAKER, JEFF
2251 HAMMONDVILLE RD
STE 300
POMPANO BEACH FL 33069

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FAZENBAKER, JEFF	
STREET ADDRESS	2251 HAMMONDVILLE RD STE 300	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FITZGERALD, ROBERT S	
STREET ADDRESS	2251 HAMMONDVILLE RD	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLINGHAM, HAROLD	
STREET ADDRESS	2251 HAMMONDVILLE RD STE 300	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FAZENBAKER, CHRISTINE	
STREET ADDRESS	2251 HAMMONDVILLE RD STE 300	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Delete
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: Christine Fazenbaker (954) 972-3710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)