

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90503 010 ***150.00

DOCUMENT # P95000015530

1. Entity Name
ROOF SYSTEM SERVICES, INC.



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
US**



2. Principal Place of Business
1621 Blount Rd
Suite, Apt. #, etc.

3. Mailing Address
1621 Blount Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach FL
Zip
33069
Country
Broward

City & State
Pompano Beach FL
Zip
33069
Country
Broward

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

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1621 Blount Rd
City
Pompano Beach FL Zip Code
33069

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, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/03
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FAZENBAKER, JEFF	
STREET ADDRESS	2251 HAMMONDVILLE RD STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FITZGERALD, ROBERT S	
STREET ADDRESS	2251 HAMMONDVILLE RD	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	FAZENBAKER, CHRISTINE	
STREET ADDRESS	2251 HAMMONDVILLE RD STE 300	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fazenbaker, Jeff	
STREET ADDRESS	1621 Blount Rd	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fitzgerald, Robert S.	
STREET ADDRESS	1621 Blount Rd	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fazenbaker, Christine	
STREET ADDRESS	1621 Blount Rd	
CITY-ST-ZIP	Pompano Beach FL 33069	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **Christine Fazenbaker 2/24/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/24/03** Daytime Phone # **954-972-3710**

CR2E034 (10/02)