

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90086 003 \*\*\*150.00

DOCUMENT # P95000094486

1. Entity Name

ROOF CONSULTANTS ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2322 CYPRESS BEND DRIVE SOUTH  
APT. D-707  
POMPANO BEACH FL 33060  
US

2322 CYPRESS BEND DRIVE SOUTH  
APT. D-707  
POMPANO BEACH FL 33069-5645  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0625046

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

ENGSKOW, BYRON  
2322 CYPRESS BEND DRIVE SOUTH  
APT. D-707  
POMPANO BEACH FL 33060

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

Signature, typed or printed name of registered agent, or both, if applicable (If only 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 P ☐ Delete  
NAME ENGSKOW, BYRON  
STREET ADDRESS 2322 CYPRESS BEND DRIVE SOUTH APT. D-707  
CITY-ST-ZIP POMPANO BEACH FL 33060 33069

TITLE VP ☒ Delete  
NAME ENGSKOW, JOAN  
STREET ADDRESS 2322 CYPRESS BEND DRIVE SOUTH APT. D-707  
CITY-ST-ZIP POMPANO BEACH FL 33060 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECY/TREASURER ☒ Change ☐ Addition  
NAME ENLSKOW, JOAN  
STREET ADDRESS 2322 CYPRESS BEND DR S D707  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VICE PRES ☐ Change ☒ Addition  
NAME ENGSKOW, JOHN CAMERON  
STREET ADDRESS 511 E PROSPECT ROAD  
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

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

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

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

TITLE ☐ Change ☐ 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 #

CR2E034 (9/99)