

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90001 032 ***150.00

DOCUMENT # P95000094486

1. Entity Name

ROOF CONSULTANTS ASSOCIATES, INC.

Principal Place of Business

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

Mailing Address

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

~~US~~ **ADDRESS CHANGE ONLY** ~~US~~

2. Principal Place of Business

Mr. ~~Byron~~ Byron Engskow

3. Mailing Address

Mr. ~~Byron~~ Byron Engskow

2709 Oak Tree Drive

Suite Apt. #, etc.

Ft Lauderdale FL 33309

2709 Oak Tree Drive

Ft Lauderdale FL 33309

City & State

City & State

Zip

Country

Zip

Country

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 (Please Print)

Mr. ~~Byron~~ Byron Engskow

2709 Oak Tree Drive

Ft Lauderdale FL 33309

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPST**
NAME **ENGSKOW, JOHN BYRON**
STREET ADDRESS ~~2322 CYPRESS BEND DRIVE SOUTH APT. D-707~~
CITY-ST-ZIP ~~POMPANO BEACH FL 33060~~

☐ Delete

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☐ Change ☐ Addition

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 #

3/20/01 954-471-5359

CR2E034 (10/00)