

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

0314440 AV

DOCUMENT # P95000094486

1. Entity Name

ROOF CONSULTANTS ASSOCIATES, INC.

05-14-2002 90105 001 *****8.75

05-14-2002 90105 002 ***150.00

Principal Place of Business

**2709 OAK TREE DRIVE
 FORT LAUDERDALE FL 33309
 US**

Mailing Address

**2709 OAK TREE DRIVE
 APT. D-707
 FORT LAUDERDALE FL 33309
 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

65-0625046

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
 2709 OAK TREE DRIVE
 FORT LAUDERDALE FL 33309**

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 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, 2002 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
 STREET ADDRESS 2709 OAK TREE DRIVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE NAME
 STREET ADDRESS John Byron Engskow
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE NAME
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

754-491-5359

Daytime Phone #

CP2E034 (9/01)