2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044668

1. Entity Name

TROPICAL ROOFING AND SERVICES, INC.

Principal Place of Business	Mailing Address
1150 NE 37 ST POMPANO BEACH FL 33064 US	7667 WEST SAMPLE ROAD 217 CORAL SPRINGS FL 33065 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   **NOT APPLICABLE**   Applied For   [X] Not Applicable

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

6. Name and Address of Current Registered Agent

RAVOSA, JOSEPH
7667 WEST SAMPLE ROAD 217
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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, 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 **PSTD** NAME **RAVOSA, JOSEPH** STREET ADDRESS **7667 WEST SAMPLE ROAD 217** CITY-ST-ZIP **CORAL SPRINGS FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **VP** NAME **RAVOSA, CHRIPTOPHER J.** STREET ADDRESS **7667 W. SAMPLE ROAD #217** CITY-ST-ZIP **CORAL SPRINGS FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E034 (10/00)

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: _____Joseph Ravosa_____   Joseph Ravosa   03/31/01   954-753-9440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #