

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90069 017 ***150.00

DOCUMENT # P96000093655

1. Entity Name
IDEAL ROOFING SYSTEMS, INC.



Principal Place of Business
3500 FAIRLAND FARMS RD
SUITE 13
WELLINGTON FL 33414
US

Mailing Address
3500 FAIRLANE FARMS RD
SUITE 13
WELLINGTON FL 33414
US

2. Principal Place of Business
11101 S. Crown Way

3. Mailing Address
11101 S. Crown Way

Suite, Apt. #, etc.
***6**

Suite, Apt. #, etc.
***6**

City & State
Wellington, FL

City & State
Wellington, FL

4. FEI Number **65-0722144**

Applied For
Not Applicable

Zip **33414**

Country **US**

Zip **33414**

Country **US**

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYUM, STEVEN P
2653 YARMOUTH DRIVE
WELLINGTON FL 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ **Delete**
NAME **BOYUM, STEVEN P**
STREET ADDRESS **2653 YARMOUTH DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **PT** ☒ **Change** ☐ **Addition**
NAME **Boyum, Steven P.**
STREET ADDRESS **12651 Stainford Drive**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **VS** ☐ **Delete**
NAME **DAVIS, SCOTT**
STREET ADDRESS **11790 ST ANDREWS PLACE #102**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03

Date

Daytime Phone #

CR2E034 (10/02)