

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90006 021 ***550.00

DOCUMENT # **P97000027955**

1. Corporation Name

AMBROSE ROOFING INC.

Principal Place of Business

**8861 NW 78TH PL #432
TAMARAC FL 33321**

Mailing Address

**8861 NW 78TH PL #432
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

65-0735425

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 13609 68 ST N

Suite, Apt. #, etc.

22

City & State

23 West Palm, FL

Zip

24 33412

Country

25 USA

2a. Mailing Address

26 13609 68 ST N

Suite, Apt. #, etc.

27

City & State

28 West Palm, FL

Zip

29 33412

Country

30 USA

9. Name and Address of Current Registered Agent

**AMBROSE, SCOTT
8861 NW 78TH PL #432
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name

82 Scott Ambrose

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Coral Springs

FL

85 Zip Code

33076

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/99

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE

NAME **AMBROSE, SCOTT**

STREET ADDRESS **8861 NW 78TH PL #432**

CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **DVT** ☐ DELETE

NAME **HAYNES, TRAVIS JR.**

STREET ADDRESS **13609 68TH ST N**

CITY-ST-ZIP **WEST PALM BEACH FL 33412**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **9917 NW 57 MANOR**

1.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/99

Date

954-796-7555

Daytime Phone #

CR2E034 (5/99)