

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90178 034 ***158.75

DOCUMENT # P97000055919

1. Entity Name

ROOF TILE ADMINISTRATION, INC.

Principal Place of Business

**819 SOUTH FEDERAL HIGHWAY SUITE 201
 STUART FL 34994**

Mailing Address

**819 SOUTH FEDERAL HIGHWAY SUITE 201
 STUART FL 34994**

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 103

City & State

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0762557

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

GUNTER, CECIL

**819 SOUTH FEDERAL HIGHWAY SUITE 201
 STUART FL 34994**

Name

Rosemarie Zummo

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

819 S. Federal Highway, Suite 103

City

Stuart

FL

Zip Code

34994

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 **Rosemarie Zummo**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/01

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 **PD** ☒ Delete
 NAME **UTZ, KAREN**
 STREET ADDRESS **819 SOUTH FEDERAL HIGHWAY SUITE 201**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Mark Haworth**
 STREET ADDRESS **819 S. Federal Highway, Suite 103**
 CITY-ST-ZIP **Stuart, Florida 34994**

TITLE **D** ☒ Delete
 NAME **GUNTER, CECIL**
 STREET ADDRESS **819 S FEDERAL HIGHWAY STE 201**
 CITY-ST-ZIP **STUART FL 34994**

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

TITLE **S** ☐ Delete
 NAME **ZUMMO, ROSEMARIE**
 STREET ADDRESS **819 S FEDERAL HIGHWAY STE 201**
 CITY-ST-ZIP **STUART FL 34994**

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

TITLE **T** ☒ Delete
 NAME **VILLAGE, GEORGE A**
 STREET ADDRESS **819 S FEDERAL HIGHWAY STE 201**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Laurie Herter**
 STREET ADDRESS **819 S. Federal Highway, Suite 103**
 CITY-ST-ZIP **Stuart, Florida 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Mark Haworth**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

(561) 223-0005

Daytime Phone #

CR2E034 (10/00)