

AMENDED UBR - June 5, 2003

03 JUN 13 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000055919

1. Entity Name
ROOF TILE ADMINISTRATION, INC.



Principal Place of Business
**819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994**

Mailing Address
**819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994**

500020972985
06/18/03--01043--024 **61.25



☐ CHECK HERE IF MAKING CHANGES

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

65-0762557

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

**ZUMMO, ROSEMARIE
819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994**

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's signature required when resigning)

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ZUMMO, ROSEMARIE
819 S FEDERAL HIGHWAY STE 300
STUART, FL 34994**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HAWORTH, MARK
819 SOUTH FEDERAL HIGHWAY SUITE 300
STUART, FL 34994**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BORDEN, MICHAEL
819 SOUTH FEDERAL HIGHWAY SUITE 300
STUART, FL 34994**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Joseph Phillips
819 S. Federal Highway, Suite 300
Stuart, FL 34994**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
Wayne Bygate
819 S. Federal Highway, Suite 300
Stuart, FL 34994**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Joseph Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-03 (772) 223-0005

Date

Daytime Phone #

CR2E034 (10/02)

7/6/03