

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056003

1. Entity Name

ENTEGRA ROOF TILE CORPORATION - INDIANTOWN

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90160 028 ***158.75

Principal Place of Business

819 SOUTH FEDERAL HIGHWAY SUITE 201
STUART FL 34994

Mailing Address

819 SOUTH FEDERAL HIGHWAY SUITE 201
STUART FL 34994-2952

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 **65-0762681**

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

UTZ, KAREN

819 SOUTH FEDERAL HIGHWAY SUITE 201
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.

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	DEYARMOND, JAMES	
STREET ADDRESS	819 SOUTH FEDERAL HIGHWAY SUITE 201	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, KEVIN	
STREET ADDRESS	819 SOUTH FEDERAL HIGHWAY SUITE 201	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINONEZ, MANUAL III	
STREET ADDRESS	819 SOUTH FEDERAL HIGHWAY SUITE 201	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Deyarmond	
STREET ADDRESS	819 S. Federal Highway, Suite 201	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Buscher	
STREET ADDRESS	819 S. Federal Highway, Suite 201	
CITY-ST-ZIP	Stuart, Florida 34994	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manuel Quinonez, Jr.	
STREET ADDRESS	819 S. Federal Highway, Suite 201	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly McElwee	
STREET ADDRESS	819 S. Federal Highway, Suite 201	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Quinonez, Jr.

Date

Daytime Phone #

4/8/00 (561) 223-0005

CR2E034 (9/99)