

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093722

1. Entity Name

ROOF SYSTEMS TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

699 17TH STREET, STE D
VERO BEACH FL 32960

P.O. BOX 5267
VERO BEACH FL 32961-5267

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

65-0798065

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

KELLAGHER, TERRY
2125 WINDWARD WAY
VERO BEACH FL 32963

Name

KELLAGHER, TERRY

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

699 17th St., Suite D

City

VERO BEACH

FL

Zip Code
32960

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]

Signature type: ☒ Typed name of registered agent and title if applicable

TERRY KELLAGHER
PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/6/00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirements 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 ☐ Delete
NAME D
STREET ADDRESS KELLAGHER, TERRY
CITY-ST-ZIP 2125 WINDWARD WAY
VERO BEACH FL 32963

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS KELLAGHER, TERRY
CITY-ST-ZIP 699 17th St., Suite D
VERO BEACH, FL 32960

TITLE ☐ Delete
NAME D
STREET ADDRESS DONADIO, ANTHONY J
CITY-ST-ZIP 2125 WINDWARD WAY
VERO BEACH FL 32963

TITLE ☒ Change ☐ Addition
NAME S/T
STREET ADDRESS DONADIO, ANTHONY J.
CITY-ST-ZIP 2125 Windward Way, Suite 205
VERO BEACH, FL 32963

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

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 submitted 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] TERRY KELLAGHER

Date

4/6/00

Daytime Phone #

561-564-8686

CR2E034 (9/99)