

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100382

1. Entity Name

AXIS ROOFING CONCEPTS, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-27-2002 90286 017 ***150.00

93153



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2453 N.W. 64TH STREET BOCA RATON FL 33496 US		Mailing Address 2453 N.W. 64TH STREET BOCA RATON FL 33496 US	
2. Principal Place of Business 1919 N. SR 7 Ste 104 MARGATE, FL 33063 USA		3. Mailing Address 1919 N. SR 7 Ste 104 MARGATE, FL 33063 USA	
4. FEI Number 65-0794552		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WENDEL, GARY 2453 N.W. 64TH STREET BOCA RATON FL 33496		7. Name and Address of New Registered Agent Name: JEFF RAPAPORT Street Address (P.O. Box Number is Not Acceptable) 1745 CORAL RIDGE DR. City: CORAL SPRINGS FL Zip Code: 33071	
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: <i>[Signature]</i> Signature typed or printed name of registered agent and fee if applicable		DATE: 6/10/02 (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WENDEL, RITA 2453 N.W. 64TH STREET BOCA RATON FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD SMITH 1919 N SR 7 MARGATE, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SECRETARY SOMERS, LAURIE 10381 BUENA VENTURA DR BOCA RATON FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHELLE RAPAPORT 1919 N SR 7 MARGATE, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAPAPORT, MICHELLE 5977 N.W. 73RD COURT PARKLAND FL 33087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPEPRINT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: _____ Daytime Phone #: _____

CR2E034 (9/01)