

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 036 ***150.00

0441628 AV

DOCUMENT # **P98000007926**

1. Entity Name
ROOF MANAGEMENT TECHNOLOGIES OF FLORIDA, INC.



Principal Place of Business
**30338 DEER RUN
DADE CITY FL 33523**

Mailing Address
**30338 DEER RUN
DADE CITY FL 33523**

11007003



2. Principal Place of Business
13703 17th Street
Suite, Apt. #, etc.

3. Mailing Address
13703 17th St.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Dade City, FL
Zip
33525
Country
PASCO

City & State
Dade City, Florida
Zip
33525
Country
PASCO

4. FEI Number **59-3483353**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ALLEN, KATHERINE
30338 DEER RUN
DADE CITY FL 33523**

7. Name and Address of New Registered Agent
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 *Katherine Allen* DATE **4/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ALLEN, KATHERINE 30338 DEER RUN DADE CITY FL 33523 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, C. RICHARD 30338 DEER RUN DADE CITY FL 33523 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, LESTER H 30338 DEER RUN DADE CITY FL 33523 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDMAN, EMILY A 37166 JANET CIRCLE DADE CITY FL 33523 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Katherine Allen* DATE **4/29/03** DAYTIME PHONE # **352-521-4002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)