2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013391

1. Entity Name
A. TOMASSI ROOF TESTING, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State
07-18-2000 90089 020 ***150.00

Principal Place of Business	Mailing Address
4711 NE 17TH AVE POMPANO BEACH FL 33064 US	PO BOX 10406 POMPANO BEACH FL 33061 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4711 NE 17 Ave	P.O. Box 10406
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch. Florida	City & State: Pompano Bch. Florida
Zip: 33064 / Country: BROWARD	Zip: 33061 / Country: BROWARD

4. FEI Number 65-0833613 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOMASSI, ANTHONY
4711 NE 17TH AVE
POMPANO BEACH FL 33064

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.

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOMASSI, ANTHONY 4711 NE 17TH AVE POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/00)

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] 7/13/00 954 788-3944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P97000013391 A0068160

To Whom it May Concern.

I Just received my 2000 unfam Repat on July 12 2000. Saying Second Notice. We Never Received a first notice ever. I Called the Division Of Corporations at (850) 488-9000. And they told me to Send a Check for 150.00 and this letter. Please Send the required Paperwork to the address Below. Letting me know when this is suppose to be Sent out

4711 NE 17th Ave
Pompano Bch FL 33064

Next Year that if I dont receive it I can Call you. Please.

Thank-You
Anthony Demasi