

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

FILED
Oct 03, 2002 8:00 am
Secretary of State

10-03-2002 90050 035 ***150.00

DOCUMENT # *P990000011074*

1. Entity Name

A-1 SUNSHINE ROOFING INC

DO NOT WRITE IN THIS SPACE

981514

2. Principal Place of Business

6516 NW 20ST

3. Mailing Address

10690 NW 27CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FLA.

City & State

SUNRISE FLA.

4. FEI Number

Applied For

Not Applicable

Zip

33313

Country

BROWARD

Zip

33322

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *STEVE POLCHA*

Street Address (P.O. Box Number is Not Acceptable)
10690 NW 27 CT.

City *SUNRISE*

FL

33322

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES. POLCHA
STEVE
10690 NW 27CT.
SUNRISE FLA. 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRES.
11411 NW 32PI.
SUNRISE FLA. 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVE POLCHA *STEVE POLCHA* *9/28/02* *748 1670*
(954)

Attachment

981574

9/25/02 CORPORATE DETAIL RECORD SCREEN 9:55 AM
NUM: P99000011074 ST: FL ACTIVE/FL PROFIT FLD: 02/01/1999
FEI#: 65-1115536
NAME : A-1 SUNSHINE ROOFING, INC.
PRINCIPAL: 6516 NW 20 STREET CHANGED: 11/19/01
ADDRESS : SUNRISE, FL 33313
MAILING : 10690 NW 27 CY CHANGED: 11/19/01
ADDRESS : SUNRISE, FL 33322
RA NAME : POLCHA, STEVE G NAME CHG: 11/19/01
RA ADDR : 10690 NW 27 STREET ADDR CHG: 11/19/01
SUNRISE, FL 33322 US
ANN REP : (2000) I 11/19/01 (2001) I 11/19/01

9/25/02 OFFICER/DIRECTOR DETAIL SCREEN 9:55 AM
CORP NUMBER: P99000011074 CORP NAME: A-1 SUNSHINE ROOFING, INC.
TITLE: P NAME: POLCHA, STEVE
10690 NW 27TH COURT
SUNRISE, FL 33322
TITLE: V NAME: ECKHARDT, WILLIAM
11411 NW 32ND PLACE
SUNRISE, FL 33323