

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Sep 08, 2005 8:00 am  
Secretary of State

09-08-2005 90068 015 \*\*\*550.00

DOCUMENT # **999 000013162**

1. Entity Name

ATLANTIC ROOFING OF THE PALM BEACHES INC  
P.O. Box 3377  
LANTANA, FL 33462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1901 N. LAKESIDE DR.  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

Zip

33460

Country

PALM BEACH

Zip

Country

4. FEI Number

65-0904915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE  
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PRES.  
JOHN A. ZMISTOWSKI  
1901 N. LAKESIDE DR.  
LAKE WORTH, FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V/P  
SUSAN W. ZMISTOWSKI  
1901 N. LAKESIDE DR.  
LAKE WORTH, FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 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 #

CR2E034B (12/02)