

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90178 030 \*\*\*158.75

**DOCUMENT # P99000018428**

1. Entity Name

**ROOF TILE SPECIALISTS, INC. - WEST PALM**

Principal Place of Business

**819 SOUTH FEDERAL HIGHWAY  
 SUITE 201  
 STUART FL 34994**

Mailing Address

**819 SOUTH FEDERAL HIGHWAY  
 SUITE 201  
 STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 103**

Suite, Apt. #, etc.

**Suite 103**

City & State

City & State

4. FEI Number

**65-0898382**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNTER, CECIL  
 819 SOUTH FEDERAL HIGHWAY  
 SUITE 201  
 STUART FL 34994**

Name

**Rosemarie Zummo**

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

**819 S. Federal Highway, Suite 103**

City

**Stuart**

FL

Zip Code

**34994**

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 **Rosemarie Zummo**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Rosemarie Zummo*

**4/4/01**

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 \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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 **PD** ☒ Delete  
 NAME **LEGVARSKY, WILLIAM**  
 STREET ADDRESS **819 SOUTH FEDERAL HIGHWAY SUITE 201**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Robert Boyes**  
 STREET ADDRESS **819 S. Federal Highway, Suite 103**  
 CITY-ST-ZIP **Stuart, Florida 34994**

TITLE **S** ☐ Delete  
 NAME **DELGADO, MARIA**  
 STREET ADDRESS **819 SOUTH FEDERAL HIGHWAY SUITE 201**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE **ST** ☒ Change ☐ Addition  
 NAME **Maria Delgado**  
 STREET ADDRESS **819 S. Federal Highway, Suite 103**  
 CITY-ST-ZIP **Stuart, Florida 34994**

TITLE **T** ☒ Delete  
 NAME **REYES, RODNEY**  
 STREET ADDRESS **819 S FEDERAL HWY STE 201**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Change ☐ Addition  
 NAME **John Metcalf**  
 STREET ADDRESS **819 S. Federal Highway, Suite 103**  
 CITY-ST-ZIP **Stuart, Florida 34994**

TITLE **D** ☒ Delete  
 NAME **HAGERTY, KEVIN**  
 STREET ADDRESS **819 S FED HWY STE 201**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☒ Change ☐ Addition  
 NAME **John Metcalf**  
 STREET ADDRESS **819 S. Federal Highway, Suite 103**  
 CITY-ST-ZIP **Stuart, Florida 34994**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Robert Boyes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert Boyes*

**4/4/01**

**(561) 223-0005**

CR2E034 (10/00)