2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018428

1. Entity Name

ROOF TILE SPECIALISTS, INC. - WEST PALM

Principal Place of Business Mailing Address 819 SOUTH FEDERAL HIGHWAY 819 SOUTH FEDERAL HIGHWAY SUITE 201 SUITE 201 STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address

FILED Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90178 030 ***158.75



Suite, Apt. #, etc.			Suite, Apt. #, etc.			l	DO NOT WRITE IN THIS SPACE					
Suite 103			Suite 103			İ						
City & State			City & State	4. F		FEI Number	El Number 65-0898382		Ap	plied For]	
								00 0000		No	t Applicable	j
Zip	Country Zip			Country						\$8.75 Add Fee Required	8.75 Additional e Required	
Λ.	6. Name	and Address of Current Re	gistered Agent =		·- ~	 7 -	Name and A	ddress of Ne	w Registere	d Agent - 🛬		
					Name							1
GUNTER, CECIL					Rosemarie Zummo							
819 SOUTH FEDERAL HIGHWAY					Street Address (P.O. Box Number is Not Acceptable)						Λ 2	
SUITE 201					819 S. Federal Highway, Suite 103							
	ART FL 349	nO.A										
310/	ARI FL 348	7			City				F	Zip Code		
						tuart_				<u>- 1 3499</u>	14	-
8. The above	named entity	y submits this statement for t	he purpose of changing its r	egistere	ed office o	r registered a	gent, or both,	in the State of	of Florida.			
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SIGNATURE .		semarie Zumm		$\mathcal{Q}(\gamma)$	rau	1 5/L	nou	<u> </u>	4/4/	0/		}
	Signature, typed	or printed name of registered agent and	I title if applicable. (NOTE:	Registere	d Agent signat	ure required when	reinstating)		DATE	E]
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!					IS \$150.	00					_	
Tax filing requirement and elects to do so. After MAY 1, 2001							10. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	
(See criteria on back) XX Make Check Payable							Trust	runa Contri	oution.	∟ Added	to rees	İ
11.		OFFICERS AND DI	RECTORS	12.		Al	DDITIONS/CH	HANGES TO	OFFICERS A	ND DIRECTORS	IN 11	t
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indicated on this report or supplemental report is true and accurate and that ny 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 equired by mapter 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

Daytime Phone #