2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000018428

Title:

Name:

Address:

City-St-Zip:

Entity Name: ROOF TILE SPECIALISTS, INC. - WEST PALM

FILED Apr 16, 2002 8:00 AM Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
819 SOUTH FEDERAL HIGHWAY SUITE 103 STUART, FL 34994					819 S. FEDERAL HIGHWAY SUITE 103 STUART, FL 34994			
Current Mailing Address:					New Mailing Address:			
819 SOUTH FEDERAL HIGHWAY SUITE 103 STUART, FL 34994					819 S. FEDERAL HIGHWAY SUITE 103 STUART, FL 34994			
FEI Number:	65-0898382	FE	Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
ZUMMO, ROSEMARIE 819 SOUTH FEDERAL HIGHWAY SUTIE 103 STUART, FL 34994 US					ZUMMO, ROSEMARIE 819 S. FEDERAL HIGHWAY SUTIE 103 STUART, FL 34994 US			
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:					04/16/2002			
Electronic Signature of Registered Agent					Date			
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BOYES, ROE	ERAL HIC	e SHWAY, SUITE 103		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST DELGADO, M 735 N. COUF STUART, FL	RTENAY			Title: Name: Address: City-St-Zip:	ST NOVY, ERIC 819 S. FEDE STUART, FL	ERAL HIGHWAY, SUITE 103	
Title: Name: Address: City-St-Zip:	T REYES, ROI 819 S FEDE STUART, FL	RAL HW			Title: Name: Address: City-St-Zip:	D METCALF, J 819 S. FEDE STUART, FL	ERAL HIGHWAY, SUITE 103	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT BOYES PD 04/16/2002

(X) Delete

735 N. COURTENAY PKWY.

METCALF, JOHN

STUART, FL 34994

() Change () Addition