

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103443

1. Entity Name

ATLAS ROOF SYSTEMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 7:11

Principal Place of Business: 9350 W. BOYNTON BEACH BOULEVARD, BOYNTON BEACH FL 33437
Mailing Address: 9350 W. BOYNTON BEACH BOULEVARD, BOYNTON BEACH FL 33437

2. Principal Place of Business: 527 South H Street
3. Mailing Address: 527 South H Street



REINSTATEMENT *00*

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: LUCIEN, RONALD J, 9350 W. BOYNTON BEACH BOULEVARD, BOYNTON BEACH FL 33437
7. Name and Address of New Registered Agent: Stevenson H. Webster, 527 South H Street, Lake Worth, FL 33460

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]* (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.
FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 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: D NAME: LUCIEN, RONALD J STREET ADDRESS: 9350 W. BOYNTON BEACH BOULEVARD CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	TITLE: P NAME: Stevenson H. Webster STREET ADDRESS: 527 South H Street CITY-ST-ZIP: Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/25/20 Daytime Phone #: 561-588-7001

CR2E034 (5/00)