

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
Suite, Apt. #, etc.

3. Mailing Address
527 South H Street
Suite, Apt. #, etc.



REINSTATEMENT

City & State
Lake worth FL

City & State
Lake worth FL

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country
33460 USA

Zip Country
33460 USA

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
Nan
Stevenson H. Webster
Street Address (P.O. Box Number is Not Acceptable)
527 South H Street
City Lake worth FL Zip Code 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, typed or printed name of registered agent and title if applicable. (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. ☐
(See criteria on back)

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 NAME STREET ADDRESS CITY-ST-ZIP	D LUCIEN, RONALD J 9350 W. BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Stevenson H. Webster <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 527 South H Street Lake worth FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003427724--0 -10/17/00--01070--005 ****200.00 ****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003427724--0 -10/17/00--01070--006 ****550.00 ****550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/25/00 Daytime Phone #: 561-588-7001

CR2E034 (5/00)