

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
 03-22-2001 90044 033 ***150.00

0102774

DOCUMENT # V05105

1. Entity Name

ALL ATLAS ROOFING OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

2113 LINCOLN STREET
 HOLLYWOOD FL 33020

2113 LINCOLN STREET
 HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

2113 Lincoln St

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood Fla

FL

Zip

Country

Zip

Country

33020

U.S.A.

4. FEI Number

65-0302487

Applied For

Not Applicable

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

KUCHLER, MICHAEL T
 2113 LINCOLN STREET
 HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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 \$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	<input type="checkbox"/> Delete
NAME	KUCHLER, MICHAEL	
STREET ADDRESS	5430 NW 66	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KUCHLER, NICOLE	
STREET ADDRESS	5430 NW 66	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLON, GARY	
STREET ADDRESS	2410 ARCADIA DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Coward, Owen	
STREET ADDRESS	2209-5606 Ave	
CITY-ST-ZIP	Miramar, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 01

Date

954-923-9990

Daytime Phone #

CR2E034 (10/00)