

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V28463**

1. Entity Name
ROOF-TEC NATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 AM 9:22

Principal Place of Business

**1316 WHITFIELD AVE #16
SARASOTA FL 34243
US**

Mailing Address

**P.O. BOX 3319
SARASOTA FL 34230
US**



2. Principal Place of Business

12457 TAMIAHI TRAIL

3. Mailing Address

Suite, Apt. #, etc.

NORTH PORT

City & State

FL

REINSTATEMENT 01

4. FEI Number

65-0323924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

34287 SARASOTA

Zip

Country

6. Name and Address of Current Registered Agent

**LOZON, BERNARD J
1316 WHITFIELD AVE #16
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name
LOZON, BERNARD J
Street Address (P.O. Box Number is Not Acceptable)
12457 TAMIAHI TRAIL
City
NORTH PORT FL Zip Code
34287

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)

9/22/2001

9. This corporation is eligible to elect its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOZON, BERNARD J
1316 WHITFIELD AVE #16
SARASOTA FL 34243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LOZON, BERNARD J
12457 TAMIAHI TRAIL
NORTH PORT FL 34287** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700004649287-88
-10/23/01--01042--007
****750.00 ****750.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AC ☐ Change ☐ 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

9/22/01

Date Daytime Phone #

CR2E034 (5/01)