

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

0131424 AT

DOCUMENT # **V28463**

1. Entity Name
ROOF-TEC NATIONAL, INC.

08-11-2002 90173 028 ***550.00

Principal Place of Business
12457 TAMiami TRAIL
NORTH PORT FL 34243
US

Mailing Address
P.O. BOX 3319
SARASOTA FL 34230
US



2. Principal Place of Business
1376 Whitfield Ave
 Suite, Apt. #, etc.
6

3. Mailing Address
12457 Tamiami Trail
 Suite, Apt. #, etc.
North Port

DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL

City & State
FL

4. FEI Number **65-0323924** Applied For
 Not Applicable

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

Zip **34243** Country
 Zip **34287** Country **SARASOTA**

6. Name and Address of Current Registered Agent
LOZON, BERNARD J
12457 TAMiami TRAIL
NORTH PORT FL 34243

7. Name and Address of New Registered Agent
 Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
1376 Whitfield Ave #6
 City **Sarasota** **N/A** **FL** Zip Code **34243**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOZON, BERNARD J 12457 TAMiami TRAIL NORTH PORT FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A 1376 Whitfield Ave #6 Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	<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, or in all other like empowered.

SIGNATURE: DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)