

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 473418

1. Entity Name

SUNCOAST ROOFERS SUPPLY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90115 010 ***150.00

Principal Place of Business	Mailing Address
2430 TERMINAL DRIVE SOUTH ST. PETERSBURG FL 33712 US	PO BOX 12587 ST. PETERSBURG FL 33733-2587 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5300 W CYPRESS ST Suite, Apt. #, etc. STE 100 City & State TAMPA FL Zip 33607		5300 W CYPRESS ST Suite, Apt. #, etc. STE 100 City & State TAMPA FL Zip 33607	
Country	US	Country	US

4. FEI Number	59-1583243	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREGORY, ROWLAND E J
2430 TERMINAL DRIVE S.
ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5300 W CYPRESS ST
STE 100
City TAMPA FL Zip Code 33607

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV GREGORY, ROWLAND E. JR. 243 TERMINAL DR. S. ST PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 5300 W CYPRESS ST STE 100 TAMPA FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TAMAYO, WILLIAM 243 TERMINAL DR. S. ST PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 5300 W CYPRESS ST STE 100 TAMPA FL 33607 <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
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	<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	<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: WILLIAM TAMAYO Date: 4/27/00 Daytime Phone #: 813 383 0050

CR2E034 (9/99)