

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90073 014 \*\*\*150.00

**DOCUMENT # 473418**

1. Entity Name

**SUNCOAST ROOFERS SUPPLY, INC.**

Principal Place of Business

**5300 W CYPRESS ST  
 SUITE 100  
 TAMPA FL 33607  
 US**

Mailing Address

**5300 W CYPRESS ST  
 SUITE 100  
 TAMPA FL 33607  
 US**

2. Principal Place of Business

**14212 N NEBRASKA AVE**

3. Mailing Address

**14212 N NEBRASKA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33613**

Country

**USA**

Zip

**33613**

Country

**USA**

4. FEI Number

**59-1583243**

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

**TAMAYO, WILLIAM  
 5300 W CYPRESS ST  
 SUITE 100  
 TAMPA FL 33607**

Name

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

**14212 N NEBRASKA AVE**

City

**TAMPA**

**FL**

Zip Code

**33613**

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)

**4/29/2**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COSTON, JAMES</b> <b>5300 W CYPRESS ST SUITE 100</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>14212 N NEBRASKA AVE</b> <b>TAMPA FL 33613</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TAMAYO, WILLIAM</b> <b>5300 W CYPRESS ST SUITE 100</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14212 N NEBRASKA AVE</b> <b>TAMPA FL 33613</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILCOX, STEVE</b> <b>5300 W CYPRESS ST STE 100</b> <b>TAMPA FL 33607</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>GRECO, ROWLAND E. JR</b> <b>14212 N NEBRASKA AVE</b> <b>TAMPA FL 33613</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCNERNEY, ANDREW</b> <b>5300 W CYPRESS ST STE 100</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14212 N NEBRASKA AVE</b> <b>TAMPA FL 33613</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SMITH, JOHN</b> <b>5300 W CYPRESS ST STE 100</b> <b>TAMPA FL 33607</b>	<input checked="" 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	<b>V</b> <b>WALKER, THOMAS</b> <b>5300 W CYPRESS ST STE 100</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14212 N NEBRASKA AVE</b> <b>TAMPA FL 33613</b>	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)