2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90434 034 ***150.00

C240718 AV

DOCUMENT # 482818

1. Entity Name
TRANS COASTAL ROOFING COMPANY

Principal Place of Business	Mailing Address
1425 WILKINS AVE	1425 WILKINS AVE
WEST PALM BEACH FL 33401	WEST PALM BEACH FL 33401

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1625635 — 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
BURGARD, DUANE 1425 WILKINS AVE WEST PALM BEACH FL 33401	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, 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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURGARD, DUANE	NAME	
STREET ADDRESS	1425 WILKINS AVE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURKHERT, LINDA G	NAME	
STREET ADDRESS	1425 WILKINS AVE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASEY, MARK T	NAME	
STREET ADDRESS	1425 WILKINS AVE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Linda G Burkhert LINDA G. BURKHERT 561835-9522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 04/12/02 — Daytime Phone #

CR2E034 (9/01)