## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State F85254 DOCUMENT # 1. Entity Name 05-20-2002 90122 035 \*\*\*150 00 J & D ROOFING, INC. Principal Place of Business Mailing Address 1230 14TH AVENUE 1230 14TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960 Principal Place of Busing AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State ty & State 59-2222479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent · Maria · Amelia · Zamorano · Žuniga Street Address O Box Nu **1230 14TH AVENUE** VERO BEACH FL 32960 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE **TSV** NAME NAME ZUNIGA, JESUS STREET ADDRESS STREET ADDRESS **1230 14TH AVENUE** CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Addition Change TITLE ☐ Delete PD NAME NAME ZUNIGA, MARIA A.Z. STREET ADDRESS STREET ADDRESS **1230 14TH AVENUE** CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🔲 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIBECTOR

Date Daytime Phone #