

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90472 017 ***150.00

DOCUMENT # F 86717

1. Entity Name

ELASTIC ROOF COATING, INC.



DO NOT WRITE IN THIS SPACE

54053834

2. Principal Place of Business

7547 JONQUIL PI.

Suite, Apt. #, etc.

3. Mailing Address

7457 JONQUIL PI.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL

City & State

SPRING HILL

4. FEI Number

592199931

Applied For

Not Applicable

Zip

FL

Country

34607

Zip

FL

Country

34607

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EVELYN SLAYTON

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

7457 JONQUIL PI.

SPRING HILL

City

SPRING HILL

FL

Zip Code

34607

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

Evelyn Slayton

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/06/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME EVELYN SLAYTON
STREET ADDRESS 7457 JONQUIL, SPRING HILL, FL.
CITY-STATE-ZIP 34607

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Evelyn Slayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

Daytime Phone #

CR2E034B (12/02)