2000 UNIFORM

DOCUMENT # L53325

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90077 024 ***150.00

1. Entity Name
TREASURE COAST BUILDING & ROOFING SUPPLY, INC.

Principal Place of Business
C/O ARTHUR F. HERRMANN
2351 THOMAS STREET
HOLLYWOOD FL 33020

Mailing Address
C/O ARTHUR F. HERRMANN
2351 THOMAS STREET
HOLLYWOOD FL 33020-2038

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0183008
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HERRMANN, ARTHUR F.
2351 THOMAS STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
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.
DATE 3/13/00
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma
Added to F

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST HERRMANN, ARTHUR F. 2351 THOMAS ST. HOLLYWOOD FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDERSON, JAMES 2351 THOMAS ST. HOLLYWOOF FL	☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
☐ Change ☐

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
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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 th 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 ar 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 Blo 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

3/13/00 954
Date Daytir