

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90562 002 ***158.75

DOCUMENT # P01000041907

1. Entity Name
PALM COAST ROOFING, INC.

Principal Place of Business

**4917 35 CT E
 BRADENTON FL 34203**

Mailing Address

**4917 35 CT E
 BRADENTON FL 34203**

2. Principal Place of Business

8415 Carolina St.

3. Mailing Address

P.O. BOX 1480

Suite, Apt., #, etc.

Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL 34243

City & State

Tallevast, Florida

4. FEI Number

65-1092548

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34270

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, ALLEN
 4917 35 CT E
 BRADENTON FL 34203**

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, ALLEN J	
STREET ADDRESS	4917 35TH CT. EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRUELOVE, DEWEY W	
STREET ADDRESS	527 OAKFORD ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, LASONJA	
STREET ADDRESS	4917 35 CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GILLIS, WAYNE	
STREET ADDRESS	4917 35 CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Rafaela J. Garcia* **President** **5/1/02** **(407) 358-5788**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)