

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-20-2003 90128 046 ***150.00

DOCUMENT # P02000050277

1. Entity Name
DEFEE'S ROOFING, INC.



Principal Place of Business
**4260 VICLIFF ROAD
WEST PALM BEACH FL 33406
US**

Mailing Address
**4260 VICLIFF ROAD
WEST PALM BEACH FL 33406
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Palm Beach

Palm Beach

4. FEI Number

01-0691577

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

**DEFEE, WALTER A
4260 VICLIFF RD
WEST PALM BEACH FL 33406**

Name **Walter A. Defee**
Street Address (P.O. Box Number is Not Acceptable)
4260 VicliFF Rd
City **W Palm Beach** FL Zip Code **33406**

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 **Linda Defee**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03-28-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Linda Defee	
STREET ADDRESS	1211 Sunset Rd	
CITY-ST-ZIP	W. Palm Beach Fl. 33406	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Linda Defee	
STREET ADDRESS	1211 Sunset Rd	
CITY-ST-ZIP	W P Beach Fl. 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: **Linda Defee**

Linda Defee

3-18-03

561-642-0732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)