

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90117 004 ***150.00

DOCUMENT # P94000038229

1. Entity Name
SOUTHEAST ROOFING CONSULTANTS, INC



Principal Place of Business
30011-61ST ST
SARASOTA FL 34243

Mailing Address
30011-61ST ST
SARASOTA FL 34243

2. Principal Place of Business
3011 61st St
Suite, Apt. #, etc.

3. Mailing Address
3011 61st St
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Sarasota, FL 34243

City & State
Sarasota, FL 34243

4. FEI Number
65-0482558

Applied For
Not Applicable

Zip **Country**

Zip **Country**

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

LEWIS, KURT F
6624 GATEWAY AVE
SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **DEHART, STEPHEN C**
STREET ADDRESS **3011 - 61ST STREET**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DEHART, AARON**
STREET ADDRESS **4176 53RD AVE WEST APT 1607**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE ☒ Change ☐ Addition
NAME **Aaron DeHart**
STREET ADDRESS **3008 Salem Ave. Sarasota, FL 34232**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *Stephen L. DeHart* **3/19/03** **941-358-0737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)