## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # P97000052045** COCKNEY ROOFING, INC. 02-08-2001 90187 018 \*\*\*150.00 Principal Place of Business Mailing Address 14481 OLIVER ST 14481 OLIVER ST LARGO FL 33774 LARGO FL 33774 UUU15834 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3454087 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONLON, CHARLES P Street Address (P.O. Box Number is Not Acceptable) 3735 ALAMBAMA AVE NE 200 CENTRAL AVENUE ST PETERSBURG FL 33703 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. D - DIRECTOR Addition ☐ Change TITLE ☐ Delete TITLE MR CHRISTOPHER W TILLER CONLON, CHARLES P NAME NAME 4326 19 STREET. NORTH 14481 OLIVER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 ST PETERSBURG - FL- 33714 Change ☐ Addition TITLE ☐ Delete TITLE CONLON, DENISE NAME NAME STREET ADDRESS 14481 OLIVER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

727-521-2222