

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90048 008 ***158.75

DOCUMENT # P99000093964

1. Entity Name
ROOFER'S CHOICE EQUIPMENT, INC.

Principal Place of Business 8355 W THIRD STREET HILLARD FL 32046	Mailing Address 8355 W THIRD STREET HILLARD FL 32046-3610
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80000743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8556 W 1st AVE Suite, Apt. #, etc.	3. Mailing Address PO BOX 973 Suite, Apt. #, etc.
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City & State HILLIARD FLORIDA	City & State HILLIARD FLORIDA	4. FEI Number 591-3607692	Applied For <input type="checkbox"/> Not Applicable
Zip 32046	Country USA	Zip 32046	Country USA

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

6. Name and Address of Current Registered Agent

DALE, HOWARD L
DALE BALD SHOWALTER & MERCIER PA
200 W FORSYTH STE 1100
JACKSONVILLE FL 32202-4308

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.

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 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D MOSES, CLAUDETTE A 8307 CONCORD BLVD E JACKSONVILLE FL 32208	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MCKINNON, JOHN P 8355 W THIRD STREET HILLIARD FL 32046	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: *Claudette A. Moses* **CLAUDETTE A. MOSES** 1-4-00 904 845 2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (9/00)