

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90018 027 ***158.75

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DOCUMENT # P99000093964

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



Principal Place of Business
8556 W 1ST AVE
HILLIARD FL 32046

Mailing Address
PO BOX 973
HILLIARD FL 32046



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
541710 US HWY 1

3. Mailing Address
Suite, Apt. #, etc.

City & State
HILLIARD FLORIDA

City & State

4. FEI Number
59-3607692

Applied For
 Not Applicable

Zip
32046

Country
NASSAU

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

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

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 _____ DATE _____
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
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 NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, CLAUDETTE A 8543 NEW FRONT STREET HILLIARD FL 32046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 973 HILLIARD FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKINNON, JOHN P 8556 W 1ST AVENUE HILLIARD FL 32046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 973 HILLIARD FL 32046
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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 for 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: Claudette A. Moses DATE: 2-17-03 DAYTIME PHONE #: 904 845 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)