FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90205 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80107035

DOCUMENT # P99000110795

1. Entity Name
DAVID'S EAST COAST ROOFING, INC.

Principal Place of Business	Mailing Address
132 MASTERS DR. ST. AUGUSTINE, FL 32085	P. O. BOX 1203 ST. AUGUSTINE, FL 32085
2. Principal Place of Business: 4432 EAGLE CREEK CT	3. Mailing Address: 4432 EAGLE CREEK CT
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: ELKTON, FL	City & State: ELKTON, FL
Zip: 32033 Country: U.S.	Zip: 32033 Country: US.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3623966 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, DAVID W
132 MASTERS DR.
UNIT E
ST. AUGUSTINE, FL 32085

7. Name and Address of New Registered Agent

Name: Cochran, David W.
Street Address (P.O. Box Number Is Not Acceptable): 4432 Eagle Creek Court
City: Elkton FL Zip Code: 32033

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] DAVID W. COCHRAN, PRES 29 Apr 03
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 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	VDS LINDSEY, DARRELL W 4432 EAGLE CREEK COURT ELKTON, FL 32033 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCHRAN, DAVID W 4432 EAGLE CREEK COURT ELKTON, 32033 FL ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] DARRELL W. LINDSEY 29 april 03 904 827 1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #