

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90444 028 ***150.00

DOCUMENT # P02000022280

1. Entity Name
SITTE ROOFING & GUTTERING INC.



Principal Place of Business
3577 CRYSTAL LAKE DRIVE
CHIPLEY FL 32428
US

Mailing Address
PO BOX 8688
SOUTHPORT FL 32409
US

Handwritten: 2140 Scurlock Rd, Southport FL 32409 US

33000106



2. Principal Place of Business
2140 Scurlock Road

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

CHECK HERE IF MAKING CHANGES

City & State
Southport FL

City & State

4. FEI Number
04-3610991

Applied For
 Not Applicable

Zip
32409

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent
DONALD SITTE I
7615 GLEN COVE LANE
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent
Name
CAREY M SITTE
Street Address (P.O. Box Number is Not Acceptable)
3577 CRYSTAL LAKE DRIVE
City
CHIPLEY **FL** Zip Code
32428

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 *Carey M Sitte* (NOTE: Registered Agent signature required when reinstating) DATE **1/6/03**

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

TITLE PD	<input type="checkbox"/> Delete
NAME SITTE, CAREY M	
STREET ADDRESS PO BOX 8688	
CITY-ST-ZIP SOUTHPORT FL 32409	
TITLE VD	<input type="checkbox"/> Delete
NAME SITTE, DAVE A	
STREET ADDRESS 1315 CAVANAUGH LANE	
CITY-ST-ZIP SOUTHPORT FL 32409	
TITLE STD	<input type="checkbox"/> Delete
NAME SITTE, CATHY R	
STREET ADDRESS PO BOX 8688	
CITY-ST-ZIP SOUTHPORT FL 32409	
TITLE D	<input type="checkbox"/> Delete
NAME SUNDAY, MICHAEL	
STREET ADDRESS PO BOX 8688	
CITY-ST-ZIP SOUTHPORT FL 32409	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SITTE, DONALD I	
STREET ADDRESS 7615 GLEN COVE LANE	
CITY-ST-ZIP SOUTHPORT FL 32409	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE* (Date **1/6/03**)

CR2E034 (10/02)