

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90020 045 \*\*\*150.00

**DOCUMENT # 560556**

1. Entity Name  
**GUTTER KING, INC.**

Principal Place of Business

4994 W. ROBINSON ST.  
 ORLANDO FL 32811  
 US

Mailing Address

4994 W. ROBINSON STREET  
 ORLANDO FL 32811-1659  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2642496**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANE, GARY D.**  
**670 W. FAIRBANKS AVE.**  
**ORLANDO FL 32789**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**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

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, DONALD</b>	
STREET ADDRESS	<b>12471 PARK AVE.</b>	
CITY-ST-ZIP	<b>WINDEMERE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, BARBARA</b>	
STREET ADDRESS	<b>12471 PARK AVE.</b>	
CITY-ST-ZIP	<b>WINDEMERE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, DONALD JR.</b>	
STREET ADDRESS	<b>9012 FLORIBUNDA DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, DARCI L</b>	
STREET ADDRESS	<b>14508 INDIAN RIDGE TRAIL</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Darcie L. Hunt* **DARCI L. HUNT** 1/5/00 (407) 995-5310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)