2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED May 03, 2000 8:00 am Secretary of State **DOCUMENT # K44976** 1. Entity Name ISLAND SEAMLESS GUTTERS, INCORPORATED 05-03-2000 90034 022 ***158.75 Principal Place of Business Mailing Address RT 3 BOX 257K 3675 SOUTH SEAS ST. BIG PINE KEY FL 33043-6139 BIG PINE KEY FL 33043 ~ ~ ~ ~ ~ ~ ეე 3. Mailing Address 2. Principal Place of Business Central Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0090433 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HWY MARATHON FL 33050 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE ☐ Delete NAME NAME GARDNER, TED A STREET ADDRESS STREET ADDRESS 3675 SOUTH SEAS ST. CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME GARDNER, VICTORIA M NAME STREET ADDRESS STREET ADDRESS 3675 SOUTH SEAS ST. CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043 Addition Director) Change Delete TITLE Joseph L. GARdner 3667 South Seas ST NAME NAME STREET ADDRESS STREET ADDRESS Big Pine Key, FL 33043 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

IG OFFICER OR DIRECTOR