2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2002 8:00 am Secretary of State DOCUMENT # K44976 1. Entity Name ISLAND SEAMLESS GUTTERS, INCORPORATED 02-26-2002 90114 038 ***158.75 Principal Place of Business Mailing Address 2817 CENTRAL AVE 3675 SOUTH SEAS ST. BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0090433 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HWY MARATHON FL 33050 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition NAME GARDNER, TED A NAME STREET ADDRESS 3675 SOUTH SEAS ST. STREET ADDRESS CITY-ST-ZIP BIG PINE KEY FL 33043 CITY-ST-7IP TITLE ☐ Delete TITLE [] Change Addition NAME GARDNER, VICTORIA M NAME STREET ADDRESS 3675 SOUTH SEAS ST. STREET ADDRESS CITY-ST-ZIP BIG PINE KEY FL 33043 CITY-ST-ZIP TITLE D Delete TITLE ☐ Change ☐ Addition NAME GARDNER, JOSEPH L NAME STREET ADDRESS 3667 S SEAS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIG PINE KEY FL 33043** ☐ Delete TITLE Change ☐ Addition 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 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ardner Victoria M. Gardner/2/07/02