2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P0000007821 GOLD COAST GUTTERS, INC. 04-06-2001 90050 034 ***150.00 Principal Place of Business Mailing Address 5508 COURTNEY CIRCLE 5508 COURTNEY CIRCLE BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address 494 HOLYOKE 494 HOLYOKE LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0481090 LAKE WORTH LAKE WORTH Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33467 33467 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALSPAUGH IVAN B. ALSPAUGH, IVAN B Street Address (P.O. Box Number is Not Acceptable) 5508 COURTNEY CIRCLE 494 HOLYOKE LANE **BOYNTON BEACH FL 33437** Zip Code LAKE Worth 33467 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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. PD CR2E034 (10/00) ☐ Delete TITLE TITLE ALSPAUGH, IVAN B. NAME ALSPAUGH, IVAN B NAME 494 Holyoke, LN STREET ADDRESS STREET ADDRESS 5508 COURTNEY CIRCLE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL. 33467 **BOYNTON BEACH FL 33437** Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

Wan B alapaugh IVAN B. ALSPAUGH
SIGNATURE AND TYPED ON PRICED IN AME OF SIGNING OFFICER OR DIRECTOR