FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # P0000011664 Secretary of State SCOT'S GUTTER SERVICE, INC. 05-02-2001 90124 017 ***150.00 Principal Place of Business Mailing Address 4330 COMMUNITY DRIVE #625 4330 COMMUNITY DRIVE #625 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business 4330 Commun 4330 Community Dr Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 625 1025 City & State 4. FEI Number City & State Applied For 105-09 West Palm Beach West Palm Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALMSLEY, SCOT A Street Address (P.O. Box Number is Not Acceptable) 4330 COMMUNITY DRIVE #625 WEST PALM BEACH FL 33409 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. (NOTE: Registered Agent signature required when rainstating) DATE 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 11. CR2E034 (10/00) TITLE ☐ Addition Delete TITLE WALMSLEY, SCOT A WALMSLEY, SCOT A NAME NAME 4330 Community DR #625 4330 COMMUNITY DRIVE #625 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP West Palm Beach, 76 33409 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Alth all other like empowered.

changed, or on an attac

SIGNATURE:

ent with an address