

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097556

1. Entity Name

CUSTOM GUTTER CORPORATION, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 11 AM 9:30



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3419 WHIPPOORWILL DR.
TALLAHASSEE FL 32310

Mailing Address
3419 WHIPPOORWILL DR.
TALLAHASSEE FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EFL Number

59-3679857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, WEST
3419 WHIPPOORWILL DR.
TALLAHASSEE FL 32310

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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 D President ☐ Delete
NAME DAVIS, WEST
STREET ADDRESS 3419 WHIPPOORWILL DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE Secretary ☐ Change ☒ Addition
NAME Daniel Boyd
STREET ADDRESS 3419 Whippoorwill Dr.
CITY-ST-ZIP Tallahassee, Florida

TITLE D Vice President. ☐ Delete
NAME DAVIS, EVELYN D
STREET ADDRESS 3419 WHIPPOORWILL DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition
NAME 100004597681--7
STREET ADDRESS -09/19/01--01006--029
CITY-ST-ZIP ****550.00 ****550.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Althea W. Stouffer

9/11/01 556 7238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

010813 AT

CR2E034 (5/01)

SP