

U114/87 A

CUSTOM GUTTER CORPORATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL -8 PM 1:36

3419 WHIPPOORWILL DR.
TALLAHASSEE FL 32310

210 West Evelyn Davis

Suite, Apt. #, etc.

City & State

Country

4. FEI Number **59-3679857**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, WEST	
STREET ADDRESS	3419 WHIPPOORWILL DR.	
CITY - ST - ZIP	TALLAHASSEE FL 32310	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVIS, EVELYN D	
STREET ADDRESS	3419 WHIPPOORWILL DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

TITLE	S	<input type="checkbox"/> Delete
NAME	BOYD, DANIEL	
STREET ADDRESS	3419 WHIPPOORWILL DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP


TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	000006269720	1st range	90	Position
NAME	-07/09/02--01021--004			
STREET ADDRESS	****150.00	****150.00		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

CR2E034 (4/02)

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: ESIGNATURE DOUG QUINCE President 07/8/02 575-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Docketing Phone #

July 8th, 2002

Dept. of Corporations

Custom Gutter Corporation, Inc. (P00000097556) UBR#
3419 Whippoorwill Dr.
Tallahassee, Florida 32310

To Whom It may Concern:

This is the second year that Custom Gutter Corporation has had to pay a late fee due to not receiving the first (UBR) in the mail. I would like to see if I can get the late fee waved this year since I did have to pay it last year.

Thank you,

Evelyn Davis, Vice Pres.