

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000097556

1. Entity Name

Custom Gutter Corporation, Inc.



FILED

03 APR 24 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3419 Whippoorwill Dr.

Suite, Apt. #, etc.

3. Mailing Address

Same As.

Suite, Apt. #, etc.

2

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, Fl.

City & State

4. FEI Number

59-3679857

Applied For

Not Applicable

Zip
32310

Country
Leon

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
West Davis

Street Address (P.O. Box Number is Not Acceptable)

3419 Whippoorwill Drive

City
Tallahassee

FL

Zip Code

32310

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
West Davis
3419 Whippoorwill Dr.
Tallahassee, Florida 32310

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Evelyn D. Davis
3419 Whippoorwill Dr.
Tallahassee, Florida 32310

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Chad J. Alday
3424 Whippoorwill Dr.
Tallahassee, Fl. 32310

TITLE
NAME
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CITY - ST - ZIP

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800018574838
05/03/03--01080--012 **\$150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn Davis, Vice President

4/23/03

850-575-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)