## Mar 03, 2003 8:00 am § Secretary of State

**FILED** 

03-03-2003 90474 031 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000104042 **DOCUMENT #**

1. Entity Name

NORTH FLORIDA GUTTERS, INC.



TITLE NAME STREET ADDRESS CITY-ST-ZIP							:				
Suric, Apt. 9, etc.  City & State  Security  S. Conflicted of Status Desired  S. Control Sphare Sphare Sphare  Set STT, Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Streat Address (P.O. Dox Number is Not Acceptable)  Streat Address (P.O. Dox Number is Not Acceptable)  Streat Address (P.O. Dox Number is Not Acceptable)  City  FL Zip Code  S. Thin above remed antity submits this statement for the purpose of changing is registered affice or registered agent.  Signature  File NOWITE FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Chock Payable to Florida Department of State  19. OFFICER AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  SITEST ADDRESS  ON'S-1-2P  NITE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  Obless  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITES ADDRESS  ON'S-1-2P  THE  NAME  SITES ADDRESS  ON'S-1-2P  THE	2671 PINEWOOD BLVD. N.			2671 PINEWOOD BLVD. N.							
Suric, Apt. 9, etc.  City & State  Security  S. Conflicted of Status Desired  S. Control Sphare Sphare Sphare  Set STT, Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Streat Address (P.O. Dox Number is Not Acceptable)  Streat Address (P.O. Dox Number is Not Acceptable)  Streat Address (P.O. Dox Number is Not Acceptable)  City  FL Zip Code  S. Thin above remed antity submits this statement for the purpose of changing is registered affice or registered agent.  Signature  File NOWITE FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Chock Payable to Florida Department of State  19. OFFICER AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  SITEST ADDRESS  ON'S-1-2P  NITE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  Obless  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITEST ADDRESS  ON'S-1-2P  Detect  This  NAME  SITEST ADDRESS  ON'S-1-2P  THE  NAME  SITES ADDRESS  ON'S-1-2P  THE  NAME  SITES ADDRESS  ON'S-1-2P  THE											
Cay & State  City & Status Desired  Replication  See The Required  Replication  See The Replication  Replicati	2. Principal	Place of Business	3. Mailing Address				871 <b>38</b> 11 <b>88</b> 11 <b>88</b> 11 <b>88</b> 18 1	<b>                                    </b>	B/B/R		
Zip Country 7, 10 Country 8, Centificate of Status Desired   Sex 75 Additional response of Current Registered Agent   Sex 75 Additional response of Current Registered Agent   Name   Name   Name   Sex 71 PRNEWOOD BLVD N.   MIDDLEBURG FL 32068   Sex 10 PRNEWOOD BLVD N.   MIDDLEBURG FL 32068   City FL   Z p Code    8. The above named ordray submits this statement for the purpose of changing its registered office or registered agent, or both, in life State of Florada. I am familiar with, and accept when originations of originateries agent.  SIGNATURE   Sex 10 PRNEWOOD BLVD N   Sex 10 PRNEWOOD	Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent  BELSITO, JOSEPH P 2671 PINEWOOD BLVD. N. MIDDLEBURG FL 32068  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the object or registered agent, or both, in the State of Florida. I am familiar with, and accept the object or registered agent, or both, in the State of Florida. I am familiar with, and accept the object or registered agent, or both, in the State of Florida. I am familiar with, and accept the object or registered agent, or both, in the State of Florida. I am familiar with, and accept the object or registered agent, or both, in the State of Florida. I am familiar with, and accept the object or registered agent, or both, in the State of Florida. I am familiar with, and accept the object or registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of Florida Department of State	City & Sta	te ,	City & State			4. FEI Number 5	9-3681716	<del></del>	<del> </del>		
BELSITO, JOSEPH P 2671 PINEWOOD BLVD N. MIDDLEBURG FL 32068  City FL Zip Code  8. This 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 tamillar with, and accept who obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. CFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 11.  PARTICIPATIONS IN STREET ADDRESS ON STR	Zip	Country	Zìp		Country		5. Certificate of Sta	atus Desired	\$8.75 A	dditional	
BELSITO, JOSEPH P 2671 PINEWOOD BLUD, N. MIDDLEBURG FL 32088  City FL Zip Code  City FL Zip Code  6. The above named ontity submits this statement for the purpose of changing its registated agent, or both, in the State of Florida. I am familiar with, and accept when chilipatons of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P ELISTO, JOSEPH  STREET ADDRESS  CITY-51-2P  TITLE  BONNE  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  CITY-51-2P  Addition  NAME  STREET ADDRESS  CITY-51-2P  CITY-51-2P  Addition  NAME  STREET ADDRESS  CITY-51-2P  CITY-51-2P  Addition  NAME  STREET ADDRESS  CITY-51-2P  CITY-51-2P  Addition  NAME  STREET ADDRESS  CITY-51-2P  CITY-51-2P  CITY-51-2P  CITY-51-2P  CITY-51-2P  Addition  NAME  STREET ADDRESS  CITY-51-2P  CIT	6. Name and Address of Current Registered Agent						7. Name and Addr	ess of New Register		<del> </del>	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)					Nam	e					
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 this obligations of registered agent.    SIGNATURE				Street Address			O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE     Signature, legister or printed name of registered agent and site if applicable.   (NOTE: Pargamene Agent signature required when revolution)   DATE	MIDDLEBURG FL 32068										
SIGNATURE    SIGNATURE					City		. <u> </u>		Zip Co	de	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 May Be Added to Fees  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MAME STREET ADDRESS OCTY-51-2P  TITLE MAME STRET ADDRESS OCTY-51-2P  TITLE MAME STREET ADDRESS OCTY-51-2P  TITL	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.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS OTY-S1-2P TI	SIGNATURE		and title if one	Nicotale (MOTE) e		<del> </del>				{	
After May 1, 2003 Fee will be \$55.00 May be Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P BELSITO, JOSEPH STREET ADDRESS OCTY-ST-2P  TITLE MAME STREET ADDRESS OCTY-ST-2P  TOTAL TITLE MAME STREET ADDRESS OCTY-ST-2P  TOTAL			sid title ii app	INOTE: F	egistered Agent si	gnature required v	when reinstating)	DA	TE		
P BELSITO, JOSEPH 2671 PINEWOOD BLVD N MIDDLEBURG FL 32068 TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. ;	: OFFICERS AND	DIRECTO	I RS	11.		ADDITIONS/CHAN	IGES TO OFFICERS A	AND DIRECTOR	RS IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE.	f * company		☐ Delete				1020 10 011102107			
Title	STREET ADDRESS CITY-ST-ZIP.	2671 PINEWOOD BLVD N			STREET ADDRES	ss					
STREET ADDRESS   CITY_ST-ZIP   Change   Addition	TITLE			☐ Delete	TITLE		<u> </u>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					SS			•	}	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY_ST-ZIP				CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	-	-	Detete	HILE	-		<del>-</del> ;- : <del>-</del>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					is					
NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP	4						,				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP	•				3					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	TITLE			☐ Delete	TITLE				Change	Addition	
CITY-ST-ZIP	NAME OTRECT ADDRESS								-	}	
Delete						s				}	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP				D balet							
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME			∟⊔ Delete				•	∐ Change	☐ Addition	
OFF OF ZII	STREET ADDRESS					s					
	CITY-ST-ZIP				CITY-ST-2IP		<del> </del>	·-			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #