

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90162 021 ***150.00

DOCUMENT # P01000092968

1. Entity Name
ALL SEASON GUTTER & VINYL, INC.

Principal Place of Business
122 QUEENS COUNTRY ROAD
INTERLACHEN FL 32148

Mailing Address
POST OFFICE BOX 2381
INTERLACHEN FL 32148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
122 QUEENS Ctry rd
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 2381
 Suite, Apt. #, etc.

City & State
Interlachen FL
 Zip
32148
 Country
putnam

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4. FEI Number
59-3748144
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILKES, WARD R
122 QUEENS COUNTRY ROAD
INTERLACHEN FL 32148

7. Name and Address of New Registered Agent

Name
Ward Wilkes
 Street Address (P.O. Box Number is Not Acceptable)
122 QUEENS Country rd
 City
Interlachen FL Zip Code
32148

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 **Ward R. Wilkes** **WARD R. WILKES** **2-11-02**
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Ward R. Wilkes** **2-11-02** **386-684-0263**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)