

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90073 029 ***150.00

DOCUMENT # P01000092968



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

Principal Place of Business
**122 QUEENS COUNTRY ROAD
INTERLACHEN FL 32148
US**

Mailing Address
**P O BOX 2361
INTERLACHEN FL 32148
US**



2. Principal Place of Business
7354 Crill Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Bx 1336
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palatka FL

City & State
Interlachen FL

4. FEI Number **59-3748144**

Applied For
☐ Not Applicable

Zip **32177** Country **Putnam**

Zip **32148** Country **Putnam**

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

**WILKES, WARD R
122 QUEENS COUNTRY ROAD
INTERLACHEN FL 32148**

Name **WARD R. Wilkes**
Street Address (P.O. Box Number is Not Acceptable)
7354 Crill Ave
City **Palatka, FL** Zip Code **32177**

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 **Ward R. Wilkes**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/28/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WILKES, WARD**
STREET ADDRESS **122 QUEENS COUNTRY ROAD**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE ☐ Change ☒ Addition
NAME **WILKES, WARD**
STREET ADDRESS **7354 Crill Ave**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **ST** ☒ Delete
NAME **WILKES, ANITA**
STREET ADDRESS **122 QUEENS COUNTRY RD**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE ☐ Change ☒ Addition
NAME **V.P. COREY Miller**
STREET ADDRESS **100 LITTLE BRANCH TR.**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

SIGNATURE: **Ward R. Wilkes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03 **386-312-0511**
Date Daytime Phone #

CR2E034 (10/02)