FILED
Jul 28, 2003 8:00 am
Secretary of State

07-09-2003 90040 013 ***150.00
07-28-2003 90148 005 ***408.75

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000076050 (L)

1. Entity Name
BEN'S GUTTER CLEANING, INC.

Principal Place of Business
5481 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address
5481 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

2. Principal Place of Business: 5481 Royal Palm Beach Blvd.
Suite, Apt. #, etc.

3. Mailing Address: Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State: Royal Palm Beach
Zip: 33411 | Country: U.S.

City & State: FL.
Zip: 33411 | Country: U.S.

4. FEI Number: 80-0050943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MULLER, BEN
5481 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MULLER, BEN 5481 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Sarah Muller 5481 Royal Palm Beach Blvd. Royal Palm Beach, FL. 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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: ~~BEN SIGNATURE REQUIRED~~ BEN MULLER 7-7-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sign Print