2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P38877** May 18, 2000 8:00 am Secretary of State 1. Entity Name **GUTTER SUPPLIERS, INC.** 05-18-2000 90357 008 ***150.00 Principal Place of Business Mailing Address 7325 DOUGLAS ROAD 7325 DOUGLAS ROAD LAAAMBERTVILLE MI 48144-9491 LAMBERTVILLE MI 48144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 34-1027626 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. MASI, LOU Street Address (P.O. Box Number is Not Acceptable) 4241 31ST STREET NORTH ST PETERSBURG FL 33714 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 DCP ☐ Addition Change TITLE ☐ Delete SWEET, VERNON L. NAME NAME STREET ADDRESS 6363 DOUGLAS RD. STREET ADDRESS CITY-ST-ZIP LAMBERTVILLE MI CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE OLIVER, JOSEPH R. NAME NAME STREET ADDRESS 6231 VALLEY PARK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH ☐ Addition Delete Change TITLE TITLE SWEET, MICHAEL NAME NAME 6407 DOUGLAS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lambertville mi ☐ Change ☐ Addition TITLE ☐ Delete TITLE SMITH, BONNIE NAME NAME 6333 DOUGLAS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lambertville mi ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empower SIGNATURE: