2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000027452** Jan 19, 2000 8:00 am DUN-RITE SEAMLESS GUTTERS. INC. **Secretary of State** 01-19-2000 90119 029 ***150.00 Mailing Address Principal Place of Business 12059 67TH, STREET, NORTH 12059 67TH STREET NORTH WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33467-4818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Man Go Rd To West Applied For 4. FEI Number City & State 65-0742518 AKe Not Applicable \$8,75 Additional 5. Certificate of Status Desired 15 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARTHU MCCARTHY, WADE Street Address (P.O. Box Number is Not Acceptable) 12059 67TH STREET NORTH WEST PALM BEACH FL 33412 MANGO City 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. TITLE Addition ☐ Defete TITLE MCCARTHY, WADE NAME NAME 56 WEST MANGO MAD STREET ADDRESS STREET ADDRESS 12059 67TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 LAKE WORTH IPI Change ☐ Addition ☐ Delete TITLE TITLE MARAE STREET ADDRESS* STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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.

Daytime Phone #