

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023429

1. Entity Name

CUSTOM TRIM SEAMLESS GUTTER, INC.

Principal Place of Business

3510 GULF VIEW DRIVE  
HERNANDO BEACH FL 34607

Mailing Address

3510 GULF VIEW DRIVE  
HERNANDO BEACH FL 34607-3219  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3499788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOULTS, LARRY L  
3510 GULF VIEW DR  
HERNANDO BEACH FL 34607

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.

SIGNATURE

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, 2000 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

OFFICERS AND DIRECTORS

TITLE PD  
NAME SOULTS, LARRY L  
STREET ADDRESS 3510 GULF VIEW DRIVE  
CITY-ST-ZIP HERNANDO BEACH FL 34607

☐ Delete

TITLE VPSD  
NAME SOULTS, BONNIE  
STREET ADDRESS 3510 GULF VIEW DR  
CITY-ST-ZIP HERNANDO BEACH FL 34607

☐ Delete

TITLE VPD  
NAME SOULTS, STEVEN  
STREET ADDRESS 3510 GULF VIEW DRIVE  
CITY-ST-ZIP HERNANDO BEACH FL 34607

☐ Delete

TITLE VPD  
NAME SOULTS, JAMES  
STREET ADDRESS 3510 GULF VIEW DRIVE  
CITY-ST-ZIP HERNANDO BEACH FL 34607

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Larry L Soult  
LARRY L SOULTS

4-12-00

Date

352 597-1114

Daytime Phone #

CR2 E034 (9/99)