

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045303

1. Entity Name

ST. JOHNS SEAMLESS GUTTERS, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90027 045 ***150.00

Principal Place of Business

2849 STRATTON BOULEVARD
ST AUGUSTINE FL 32095

Mailing Address

2849 STRATTON BOULEVARD
ST AUGUSTINE FL 32095-0825

2. Principal Place of Business

#10 Charles St.

Suite, Apt. #, etc.

Unit #3

3. Mailing Address

#10 Charles St.

Suite, Apt. #, etc.

Unit #3

City & State

St. Augustine FL

City & State

St. Augustine FL

Zip

32095

Country

USA

Zip

32095

Country

USA

4. FEI Number

59-3511367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, DAVID B
2849 STRATTON BLVD.
ST AUGUSTINE FL 32095

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]
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

TITLE PD
NAME CHAPMAN, DAVID B
STREET ADDRESS 2849 STRATTON BOULEVARD
CITY-ST-ZIP ST AUGUSTINE FL 32095 ☐ Delete

TITLE TSD
NAME CHAPMAN, LIANA D
STREET ADDRESS 2849 STRATTON BOULEVARD
CITY-ST-ZIP ST AUGUSTINE FL 32095 ☐ Delete

TITLE V
NAME BARNES, MARCUS
STREET ADDRESS 5280 CHOCTOW ST.
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE V ☐ Change ☒ Addition
NAME Andrew Thomas Sims
STREET ADDRESS 2230 Twin Fox Trail
CITY-ST-ZIP St. Augustine, FL 32086

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liana Chapman 1-17-00

Date

Daytime Phone #

9048081330