

# 2000 UNIFORM BUSINESS REPORT (UBR)

99-2000 AR

DOCUMENT # P98000046492

1. Entity Name

GUTTERMASTERS OF S.W. FLA INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 PM 2:48

Principal Place of Business

CONSTRUCTION SITES

Mailing Address

1838 SW 17 PL  
Cape Coral, FL 33991

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

650504352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Robert Kiss

1838 SW 17 PL Cape Coral, FL  
33991

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

Robert Kiss

4-11-00

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: President  
NAME: Robert Kiss  
STREET ADDRESS: 1838 SW 17 PL Cape Coral, FL  
CITY-ST-ZIP: 33991

☐ Delete

TITLE: Vice President  
NAME: Jeffrey Kiss  
STREET ADDRESS: 608 Hopewell Ridge Andromeda S.C.  
CITY-ST-ZIP: 29621

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
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TITLE:   
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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS: 300003266413-5  
CITY-ST-ZIP: -05/25/00--01038--019  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS: 300003266413-5  
CITY-ST-ZIP: -05/25/00--01038--020  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

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 empowered.

SIGNATURE:

Robert Kiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 (941) 283-3802

Date

Daytime Phone #

CR2E034 (9/99)