

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2000 8:00 am
Secretary of State
 09-20-2000 90004 006 ***158.75

DOCUMENT # **P 98000049883**

1. Entity Name
BUTLER GUTTER CLEANING AND REPAIR INC.

R

Principal Place of Business

Mailing Address

2. Principal Place of Business

3756 NW 8th ST.

3. Mailing Address

3756 NW 8th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELRAY BEACH FL

DELRAY BEACH FL

City & State

City & State

33445 U.S.A.

33445 U.S.A.

Zip

Country

Zip

Country

4. FEI Number

65-0845369

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00087395

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **DARBE GIONFRIDDO**

Street Address (P.O. Box Number is Not Acceptable)
2695 D ALBATROSS RD. N

DELRAY BEACH

33444

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 **DARBE GIONFRIDDO** *Darbe Gionfriddo* **PRESIDENT** **9/14/00**
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		P DARBE GIONFRIDDO 2695 D ALBATROSS RD. N DELRAY BEACH FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		V GARY GIONFRIDDO 3756 NW 8th ST. DELRAY BEACH FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		T DARCY GIONFRIDDO 3756 NW 8th ST DELRAY BEACH FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		S SUSAN GIONFRIDDO 2695 D N. ALBATROSS RD. DELRAY BEACH FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Darbe Gionfriddo* **DARBE GIONFRIDDO** **9/14/00** **(561) 716-9271**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

attachment # P98000049883
9-18-00 DOJ87395

TO WHOM IT MAY CONCERN:

WE DID NOT RECEIVE A FIRST OR SECOND
NOTICE FOR THE UBR. S. GREEN SAID TO ATTACH
THIS LETTER AND SEND A CHECK FOR \$150⁰⁰/₁₀₀.

THANK YOU.

BUTLER GUTTER (LNG.

DARBE GUNFRIDDO

Dave Dinfeld