

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053892

1. Entity Name
JAXS SEAMLESS GUTTER, CO.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90085 010 ***150.00

Principal Place of Business

11256 PINTO CT.E
JACKSONVILLE FL 32225

Mailing Address

11256 PINTO CT.E
JACKSONVILLE FL 32225

2. Principal Place of Business

4402 WHISPERING INLET DR
Suite, Apt. #, etc.

3. Mailing Address

4402 WHISPERING INLET DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number 59-3517270

Applied For
Not Applicable

Zip 32277 Country US

Zip 32277 Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, WILLIAM
11256 PINTO CT.E
JACKSONVILLE FL 32225

Name
WILLIAM ROSE
Street Address (P.O. Box Number is Not Acceptable)
4402 WHISPERING INLET DR
City JACKSONVILLE FL Zip Code 32277

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 *William E. Rose*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME ROSE, WILLIAM
STREET ADDRESS 11256 PINTO CT E
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE PT
NAME ROSE WILLIAM
STREET ADDRESS 4402 WHISPERING INLET DR
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Change ☐ Addition

TITLE S
NAME GIBSON, DIANE
STREET ADDRESS 11256 PINTO CT E
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE S
NAME ROSE DIANE
STREET ADDRESS 4402 WHISPERING INLET DR
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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: *William E. Rose*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-01 (904) 743-1640

CR2E034 (10/00)