

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90098 003 \*\*\*550.00

**DOCUMENT # P98000065224**

1. Entity Name  
**GUTTERS BY TK, INC.**

Principal Place of Business  
**34 SE SEMINOLE STREET  
 STUART FL 33994**

Mailing Address  
**34 SE SEMINOLE STREET  
 STUART FL 33994**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1674 NW SPRUCE RIDGE PO BOX 2822**

3. Mailing Address  
**PO BOX 2822**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**STUART FL**

City & State  
**STUART FL**

4. FEI Number **65-0855897**

Applied For

Not Applicable

Zip **34994**

Country **MARTIN**

Zip **34995**

Country **MARTIN**

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

**PERRY, STEVEN L  
 612 S. FEDERAL HWY  
 STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee 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	<b>D KING, THOMAS 34 SE SEMINOLE STREET STUART FL 33994</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gutters by TK, Inc.

Attachment

87/896

# P980000 65224

**Memo**

This document contains time-sensitive information. Please read immediately and respond as specified.

**To** Department of the State  
**From** Audrey Klemzak, /bookkeeper for Gutters by TK Inc.  
**Date/Time** 9/06/02 at 4:42PM  
**Subject** FEI# 65-0855897 2002 Uniform Business Report

AK Klemzak

As you can see by our completed report we have moved. This might explain why we never received the first copy of this report.

We are paying the \$550.00 due; however we respectfully ask that the penalty of \$400.00 be refunded to Gutters by TK Inc. We have always paid all items upon receipt.

Thank you for your consideration of this abatement.