

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078034

1. Entity Name

OSBURN'S GUTTER & RESCREENING, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90027 009 ***150.00

Principal Place of Business

Mailing Address

1683 OKETO STREET
NORTH PORT FL 34286

1683 OKETO STREET
NORTH PORT FL 34286-4254

A0010842

2. Principal Place of Business

3. Mailing Address

1683 Oketo St.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Port, FL

City & State

4. FEI Number 65-0865889

Applied For

Not Applied

Zip 34286

Country U.S.A.

Zip

Country

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

OSBURN, ROBERT A

~~5761 ANILLES DR~~

SARASOTA FL 34231

2122 Oak Terr. ^{Red.}

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME OSBURN, ROBERT A ^{n.d.}
STREET ADDRESS ~~5761 ANILLES DRIVE~~ 2122 Oak Terr.
CITY-ST-ZIP SARASOTA FL 34231

TITLE
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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 A. Osburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

Date

(941) 926-9339

Daytime Phone #