

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017838

1. Entity Name

TOM'S GUTTER SERVICE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90138 030 ***150.00

Principal Place of Business

Mailing Address

3048-B W. THARPE ST.
TALLAHASSEE FL 32303

3048-B W. THARPE ST.
TALLAHASSEE FL 32303-1130

2. Principal Place of Business

3048 W. Tharpe St.

3. Mailing Address

P.O. Box 11242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3558467

Applied For

Not Applicable

Zip

Country

32303

Leon

Zip

Country

32302-3242

Leon

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

GRIFFIN, THOMAS A
3048-B W. THARPE ST.
TALLAHASSEE FL 32303

Name

Griffin, Thomas A.

Street Address (P.O. Box Number is Not Acceptable)

3048-E W. Tharpe St.

City

Tallahassee,

FL

Zip Code

32303

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)

4-27-00

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	P	<input type="checkbox"/> Delete
NAME	GRIFFIN, THOMAS A	
STREET ADDRESS	306 LANCASTER DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRIFFIN, LEILA M	
STREET ADDRESS	306 LANCASTER DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffin, Thomas A.	
STREET ADDRESS	3200 Robinhood Rd.	
CITY-ST-ZIP	32312	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffin, Leila M.	
STREET ADDRESS	3200 Robinhood Rd.	
CITY-ST-ZIP	32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 656-8555

Daytime Phone #