FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P9900031516 1. Entity Name ALL ABOUT GUTTERS, INC.					Feb 18, 2002 8:00 am Secretary of State 02-18-2002 90150 047 ***150.00			
Principal Place of Business 3315 3RD ST. SOUTH JACKSONVILLE BEACH FL 32250 Mailing Address 3315 3RD ST. SOUTH JACKSONVILLE BEACH FL 32250							(1818 2 111 188)	
2. Principal F	Place of Business	3. Mailing Address	as aba	je.				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.1	4. FEI Number 59 3572495 Applied For Not Applicable			
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Registe	·		
HAMILTON, LEON 3315 3RD ST. SOUTH JACKSONVILLE BEACH FL 32250			Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	3	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) (NOTE: Registered (NOTE: Registered (NOTE: Registered (NOTE: Registered (NOTE: Regi			2 Fee will be \$550.0	00	t0. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added	0 May Be to Fees	
11.	OFFICERS AND DIF		12.	AD	DDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMILTON, LEON 3315 3RD ST. SOUTH JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is truporation or the receiver or trustee empower, or on an attachment with an address, with	ie and accurate and triat gred to execute this report a	the exemption stated in signature shall have is required by Chapter	Section the same 607, Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; If ida Statutes; and that my name appe	r certify that the in lat I am an officer of ears in Block 11 or	formation or director Block 12 if	