


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90107 038 \*\*\*158.75

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<b>DOCUMENT #</b> P99000032011	
<b>1. Entity Name</b> STREAMLINE GUTTERS INC	

<b>Principal Place of Business</b> 7721 SPRINGFIELD LAKE DRIVE LAKE WORTH FL 33467	<b>Mailing Address</b> 3760 MAX PLACE #206 BOYNTON BEACH FL 33436
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<b>2. Principal Place of Business</b> 2304 S. Military Trail Suite, Apt. #, etc.	<b>3. Mailing Address</b> Blata Windy Circle Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> West Palm Beach, FL	<b>City &amp; State</b> Boynton Beach, FL
<b>Zip</b> 33415	<b>Zip</b> 33437
<b>Country</b> US	<b>Country</b> US

<b>4. FEI Number</b> 65-0913102	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  RUDOLPH, JUDY 3760 MAX PLACE #206 LAKE WORTH FL 33436	<b>7. Name and Address of New Registered Agent</b> Name: Judy Kozma Street Address (P.O. Box Number is Not Acceptable): Blata Windy Circle City: Boynton Beach FL Zip Code: 33437
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**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: Judy Kozma Judy Kozma Vice President 6/2/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SCHIAVONI, MICHAEL 7721 SPRINGFIELD LAKE DR LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Derek Kozma Blata Windy Circle Boynton Beach, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> KOZMA, DERRICK 3760 MAX PL #206 BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> Judy Kozma Blata Windy Circle Boynton Beach FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> RUDOLPH, JUDY 3960 MAX PL #206 BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Daniel Ellis Silco Riverside Dr. #222 Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Judy Kozma **REQUIRED** 6/2/03 501-900-0058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90138810

# P99000032011

**Streamline Gutters, Inc.**

8649 Windy Circle  
Boynton Beach, Florida 33437  
(561)966-0058 fax (561)966-3034

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**

To Whom It May Concern:

Please accept the attached 2003 Uniform Business Report for Streamline Gutters, Inc. Streamline Gutters, Inc has moved their mailing address. Please waive the \$400.00 late fee due to receiving the application late. If there are any additional questions of concerns please feel free to contact me @561-966-0058.

Thank you,

Sincerely,

*Judy Kozma*

Judy Kozma