

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040446

1. Entity Name

FREEDOM SEAMLESS GUTTERS, INC.

**FILED**  
Feb 23, 2000 8:00 am  
Secretary of State

02-23-2000 90010 013 \*\*\*150.00

Principal Place of Business

Mailing Address

349 COUNTY RD. 13 SOUTH  
ST. AUGUSTINE FL 32092

349 COUNTY RD. 13 SOUTH  
ST. AUGUSTINE FL 32092-9606

2. Principal Place of Business

13795 CR 13 NORTH

Suite, Apt. #, etc.

3. Mailing Address

13795 CR 13 NORTH

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-3570211

Applied For

Not Applicable

Zip

Country

ST. JOHNS

Zip

Country

ST. JOHNS

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

TAYLOR, LARRY E  
349 COUNTY RD. 13 SOUTH  
ST. AUGUSTINE FL 32092

Name

BILLY F. LOTT

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

13795 CR 13 NORTH

City

ST. AUGUSTINE

FL

Zip Code

32092

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

*Billy F. Lott* 2/9/00

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

|                |                                 |
|----------------|---------------------------------|
| 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          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BILLY F. LOTT  |
| STREET ADDRESS | 13795 CR 13 NORTH  |
| CITY-ST-ZIP    | ST. AUGUSTINE, FL 32092  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARK A. KNOTT  |
| STREET ADDRESS | 4609 HIGHWAY 17 S. SUITE 1   |
| CITY-ST-ZIP    | ORANGE PARK, FL 32073  |
| 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 empowerments.

SIGNATURE:

*Billy F. Lott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

904-797-2900

Daytime Phone #

CR2E034 (9/99)