

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90081 044 \*\*\*150.00

0408916

**DOCUMENT # P99000070324**

1. Entity Name

**D & D SEAMLESS GUTTERS, INC.**

Principal Place of Business

**5426 ASHTON CT UNIT 7  
 SARASOTA FL 34233**

Mailing Address

~~5426 ASHTON CT UNIT 7  
 SARASOTA FL 34233~~  
**PO BOX 7513  
 SARASOTA FL 34278-7513**

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

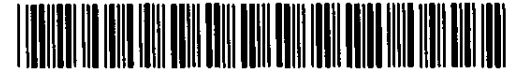
4. FEI Number **65-0943210**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**YODER, DAVID  
 5426 ASHTON CT UNIT 7  
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

| 11. OFFICERS AND DIRECTORS |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|----------------------------|---|---|------|
| TITLE                      | NAME  | TITLE   | NAME |
|                            | <b>D</b><br>YODER, DAVID A<br>4233 EASTWOOD DR.<br>SARASOTA FL 34232  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            | <input type="checkbox"/> Delete                                       |   |      |
|                            | <b>D</b><br>SCHROCK, ERIC J<br>3941 CHAUCER LANE<br>SARASOTA FL 34241 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            | <input checked="" type="checkbox"/> Delete                            |   |      |
|                            | <b>D</b><br>JAMES, ROBERT V<br>3973 WAKE AVE.<br>SARASOTA FL 34241    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            | <input checked="" type="checkbox"/> Delete                            |   |      |
|                            | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |

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: David A. Yoder **David A. Yoder**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)