2000 UNIFORM BUSINESS REPORT (UBR)

ATURE AND TYPED OR PRINTED NAME OF SIGN

Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000084558** CROWN SEAMLESS GUTTER'S, INC. 02-01-2000 90054 020 ***150.00 Mailing Address Principal Place of Business 5481 ROYAL PALM BCH BLVD. 5481 ROYAL PALM BCH BLVD. ROYAL PALM BCH FL 33411-8815 ROYAL PALM BCH FL 33411 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0950 877 Not Applied a Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namē MULLER, SARAH A Street Address (P.O. Box Number is Not Acceptable) 5481 ROYAL PALM BCH BLVD. **ROYAL PALM BCH FL 33411** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Flund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete MULLER, SARAH A NAME NAME 5481 ROYAL PALM BCH BLVD. STREET ADDRESS STREET ADDRESS **ROYAL PALM BCH FL 33411** CITY-ST-ZIP CITY-ST-7IP Richard Muller-P.D ☐ Change ☐ Delete TITLE TIT! F 5481 Royal Palm Bon Blub NAME NAME STREET ADDRESS STREET ADDRESS BEACH PL 33411 CITY-ST-ZIP CITY-ST-ZIP SOSNIA MUNICE -S.D. Change ☐ Delete TITLE ROYAL RAIN BEACH BLD NAME NAME STREET ADDRESS STREET ADDRESS PAIN BEACH CITY-ST-ZIP CITY-ST-ZIP muller -TiD ☐ Delete TITLE TITLE PayAl Pain Boach Bud NAME NAME STREET ADDRESS STREET ADDRESS Rank Pah Beach CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME Rayal STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

Dough Muller

Daytime Phone #

FILED