

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-09-2003 90040 014 ***150.00
07-28-2003 90147 048 ***408.75

DOCUMENT # P99000084558

1. Entity Name

CROWN SEAMLESS GUTTER'S, INC.



Principal Place of Business
5481 ROYAL PALM BCH BLVD.
ROYAL PALM BCH FL 33411

Mailing Address
5481 ROYAL PALM BCH BLVD.
ROYAL PALM BCH FL 33411

2. Principal Place of Business

5481 Royal Palm Beach Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Same

4. FEI Number

65-0950877

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLER, SARAH A
5481 ROYAL PALM BCH BLVD.
ROYAL PALM BCH FL 33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MULLER, SARAH A**
STREET ADDRESS **5481 ROYAL PALM BCH BLVD.**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **PD** ☐ Delete
NAME **MULLER, RICHARD**
STREET ADDRESS **5481 ROYAL PALM BEACH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **SD** ☐ Delete
NAME **MULLER, JOSHUA**
STREET ADDRESS **5481 ROYAL PALM BEACH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **TD** ☐ Delete
NAME **MULLER, BEN**
STREET ADDRESS **5481 ROYAL PALM BEACH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☐ Delete
NAME **ANDRES, DAMIAN**
STREET ADDRESS **5481 ROYAL PALM BEACH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Sarah Muller 7-7-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)