2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105209 1. Entity Name **GUTTER MASTER, INC.**



FILED Aug 08, 2000 8:00 am Secretary of State

08-08-2000 90092 043 ***150.00

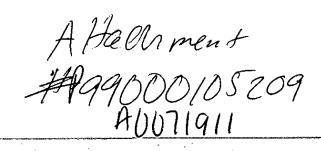


Principal Place of Business Mailing Address 401 GOLDEN ARM ROAD 401 GOLDEN ARM ROAD DELTONA FL 32739 DELTONA FL 32739 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 3612632 City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLLAND, REX B Street Address (P.O. Box Number is Not Acceptable) **401 GOLDEN ARM ROAD DELTONA FL 32739** City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund 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 TITLE ☐ Change Addition CARLSON, DAVID M NAME NAME STREET ADDRESS STREET ADDRESS 9461 SOUTHERN GARDEN CIR. CITY-ST-ZIP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** ☐ Addition ☐ Delete TITLE Change TITLE HOLLAND, REX B NAME NAME **401 GOLDEN ARM ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DELTONA FL 32738** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

CR2E034 (5/00



August 4, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

Whom ever it may concern,

The Uniform Business Report (UBR) sent idicates this is a second request. I am very surprised because we never received the first one. Our business is new and in its first year and we certainly want to do what is right. I hope you can understand that this \$400 penalty would be an added burden with all the other start up costs.

Please accept this check for the original amount owed and waive the penalty of \$400.

Thank you, for your help in this matter.

Sincerely,

David M. Carlson

Vice President

Gutter Master Inc.