

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105209

1. Entity Name
GUTTER MASTER, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90145 006 ***150.00

Principal Place of Business

401 GOLDEN ARM ROAD
DELTONA FL 32739

Mailing Address

401 GOLDEN ARM ROAD
DELTONA FL 32739

00042245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9461 Southern Garden Circle

3. Mailing Address

9461 Southern Garden Circle

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Altamonte Springs, FL

Altamonte Springs, FL

City & State

City & State

4. FEI Number 59-3612632

Applied For

Not Applicable

Zip

Country

Zip

Country

32714

USA

32714

USA

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

HOLLAND, REX B
401 GOLDEN ARM ROAD
DELTONA FL 32739

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

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

(NOTE: Registered Agent signature required when reinstating)

DAVID M. CARLSON, Vice President

3/31/01

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, DAVID M	
STREET ADDRESS	9461 SOUTHERN GARDEN CIR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, REX B	
STREET ADDRESS	401 GOLDEN ARM ROAD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
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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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. CARLSON Vice Pres.

Date

3/31/01 (407) 523-5994

Daytime Phone #

CR2E034 (10/00)