

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110252

1. Entity Name
SUPERIOR GUTTER, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90130 028 ***150.00

0001290

Principal Place of Business
**2720 POINSETTIA AVENUE
MIDDLEBURG FL 32068**

Mailing Address
**2720 POINSETTIA AVENUE
MIDDLEBURG FL 32068**

922873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3615891**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SMITH, MICHAEL
2720 POINSETTIA AVENUE
MIDDLEBURG FL 32068**

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)

DATE

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	DP	<input type="checkbox"/> Delete
NAME	ANKEY, GEORGE	
STREET ADDRESS	2714 POINSETTIA AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL	
STREET ADDRESS	2720 POINSETTIA AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
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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: *Michael Smith* **MICHAEL SMITH** 1-11-01 (904) 282-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)