

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-22-2002 90055 010 ***150.00

DOCUMENT # P99000110252

1. Entity Name
SUPERIOR GUTTER, INC.

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

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

2. Principal Place of Business
2714 POINSETTIA AVE

3. Mailing Address
2714 POINSETTIA AVE

Suite, Apt. #, etc.

City & State
Middleburg, FL.

City & State
Middleburg, FL.

Zip
32068

Country
CLAY

4. FEI Number **59-3615891**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, MICHAEL
2720 POINSETTIA AVENUE
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent
 Name
GEORGE D. ANKEY
 Street Address (P.O. Box Number Is Not Acceptable)
2714 POINSETTIA AVE
 City **Middleburg** **FL** Zip Code **32068**

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 **GEORGE D. ANKEY** **George D. Ankey** **03-03-02**
 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 Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$580.00
 Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP Director, President, Treasurer <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANKEY, GEORGE		NAME		
STREET ADDRESS	2714 POINSETTIA AVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP		
TITLE	DVP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MICHAEL		NAME		
STREET ADDRESS	2720 POINSETTIA AVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068 Delete		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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)(l), 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: **George D. Ankey** **03-03-02** **904-251-6625**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)