2002 UNIFORM BUSINESS REPORT

Mar 26, 2002 8:00 am Secretary of State DOCUMENT # S72697 03-26-2002 90091 010 ***150.00 1. Entity Name ALMERICAN SEAMLESS GUTTERS, INC. Principal Place of Business Mailing Address 12077 SE 53 TERRACE ROAD 12677 SE 53 TERRACE ROAD R0051492 BEILEVIEW FL 34420 BELLEVIEW FL 34420 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3089367 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAVANTE, GERALD J Street Address (P.O. Box Number is Not Acceptable) 12677 SE 53RD TERRACE RAOD **BELLEVIEW FL 34420** City Zip Code B. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12, (9/01 ☐ Addition TITLE ☐ Delete TITLE NAME NAME GRAVANTE, GERALD J CR2E034 STREET ADDRESS 12677 SE 53RD TERRACE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL 34420 Delete DILE Change ☐ Addition TITLE NAME NAME gravante, sharon STREET ADDRESS STREET ADDRESS 12677 SE 53 TERR RD CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL 34420 Addition Delete. IIII F TITLE . NAME NAME gravante, jeremy STREET ADDRESS -STREET AQURESS 5807 SE-127-LANE CITY-ST-ZIP CiTY-ST-ZIP BELLEVIEW FL 34420 TITLE ☐ Delete TOTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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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

STREET ADDRESS

CITY-ST-7tP

STREET ADDRESS CITY-ST-ZIP