

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90108 013 ***150.00

DOCUMENT # P96000068107

1. Entity Name

STORM SMART BUILDING SYSTEMS, INC.

Principal Place of Business

Mailing Address

6240-1 METRO PLANTATION RD.
 FORT MYERS FL 33912
 US

6240-1 METRO PLANTATION RD.
 FORT MYERS FL 33912
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11850 Plantation Rd.
 Suite, Apt. #, etc.

11850 Plantation Rd.
 Suite, Apt. #, etc.

Suite C
 City & State

Suite C
 City & State

Ft. Myers, FL
 Zip

Ft. Myers, FL
 Zip

33912

Country

U.S.

Country

U.S.

4. FEI Number **65-0698091**

Applied For

Not Applicable

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

HOOVIS, BRUCE
5845 CORPORATION CIRCLE
FORT MYERS FL 33905

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	HOOVIS, BRUCE	
STREET ADDRESS	5845 CORPORATION CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORNELISON, PATRICK	
STREET ADDRESS	6240-1 METRO PLANTATION RD.	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ABBATIello, CINDY	
STREET ADDRESS	6240-1 METRO PLANTATION RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIST, BRIAN	
STREET ADDRESS	6240-1 METRO PLANTATION RD.	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Cornelison, Patrick	
STREET ADDRESS	11850 Plantation Rd, #c	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Abbatiello, Cindy	
STREET ADDRESS	11850 Plantation Rd #c	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Rist, Brian	
STREET ADDRESS	11850 Plantation Rd, #c	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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: *Patrick Cornelison* **SIGNATURE REQUIRED** **PATRICK CORNELISON** **1-17-00** **888-962-7283**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #