

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90337 026 \*\*\*550.00

**DOCUMENT # P96000068107**

1. Entity Name  
**STORM SMART BUILDING SYSTEMS, INC.**

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Principal Place of Business 11850 PLANTATION RD SUITE C FORT MYERS FL 33912 US	Mailing Address 11850 PLANTATION RD SUITE C FORT MYERS FL 33912 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0698091</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORNELISON, PATRICK 11850 PLANTATION ROAD -C FORT MYERS FL 33912				Name <b>Brian D. Rist</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>11850 Plantation Rd</b>			
				City <b>Ft. Myers, FL</b>			
				City <b>Ft. Myers</b>		Zip Code <b>FL 33912</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 7/17/02

Signature: typed or printed name of registered agent and date 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	ST	<input checked="" type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBATELLO, CINDY			NAME	Brian Rist		
STREET ADDRESS	11850 PLANTATION RD C			STREET ADDRESS	11850 Plantation Road		
CITY-ST-ZIP	FORT MYERS FL 33912			CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V. President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIST, BRIAN			NAME	Ralph D' Alessandro		
STREET ADDRESS	11850 PLANTATION RD C			STREET ADDRESS	11850 Plantation Road		
CITY-ST-ZIP	FORT MYERS FL 33912			CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	President	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Patrick Cornelison			NAME			
STREET ADDRESS	11850 Plantation Road			STREET ADDRESS			
CITY-ST-ZIP	Ft. Myers, FL 33912			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)(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]* DATE 7/17/02

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (4/02)