

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 676704

1. Entity Name

ALL TYPE WEATHER-PROTECTION, INC.

Principal Place of Business

4885 RIVER OAK LANE
FT. PIERCE FL 34981-2405
US

Mailing Address

4885 RIVER OAK LANE
FT. PIERCE FL 34488-3408
US

2. Principal Place of Business

42010 Hawkins Rd
Suite, Apt. #, etc.

3. Mailing Address

42010 Hawkins Rd
Suite, Apt. #, etc.

City & State

Altamira FL

City & State

Altamira, FL

Zip

32702

Country

Loke

Zip

32702

Country

Loke

4. FEI Number

59-2021442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, DALE
4885 RIVER OAK LANE
FT. PIERCE FL 34981

7. Name and Address of New Registered Agent

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

TITLE PDV
NAME DAVIS, DALE W.
STREET ADDRESS 4885 RIVER OAK LANE
CITY-ST-ZIP FT. PIERCE FL

TITLE
NAME
STREET ADDRESS 42010 Hawkins Rd.
CITY-ST-ZIP Altamira, FL 32702

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Dale W. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

352-669-8644

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90260 010 ***150.00



DO NOT WRITE IN THIS SPACE