

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005178

1. Entity Name

STORMS MANAGEMENT, INC.

FILED

00 APR 26 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 1014
PINVILLE NC 28134

P.O. BOX 1014
PINVILLE NC 28134-1014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1982756

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STORMS, DONALD L
3991 GULFSHORE BLVD., N #204
NAPLES FL 33940

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

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.

BRIAN COURTNEY, ASST. V.P.

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 PTD ☐ Delete
NAME STORMS, DONALD L
STREET ADDRESS 3991 GULFSHORE BLVD., N PH-204
CITY-ST-ZIP NAPLES FL

TITLE PTD ☒ Change ☐ Addition
NAME STORMS, Donald L
STREET ADDRESS PO BOX 1014
CITY-ST-ZIP Pineville, NC 28134

TITLE S ☐ Delete
NAME STORMS, RUTH G
STREET ADDRESS 3991 GULFSHORE BLVD., N PH-204
CITY-ST-ZIP NAPLES FL

TITLE S ☒ Change ☐ Addition
NAME STORMS, Ruth
STREET ADDRESS PO BOX 1014
CITY-ST-ZIP Pineville, NC 28134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

704 843-2212

CR2F034 19/99