

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**  
 08-21-2001 90036 023 \*\*\*558.75

0074887 AN

**DOCUMENT # F99000005553**

**1. Entity Name**  
**SAFEGUARD HURRICANE PROTECTION SYSTEMS, INC.**

**Principal Place of Business**  
**1315 NEPTUNE DRIVE**  
**BOYNTON BEACH FL 33426**

**Mailing Address**  
**1315 NEPTUNE DRIVE**  
**BOYNTON BEACH FL 33426**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **58-2501231**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**BARRON, ROBERT W**  
**350 E. LAS OLAS BLVD., #1000**  
**FORT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name **David Stern**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1315 Neptune Dr.**  
 City **Boynton Beh** **FL** Zip Code **33426**

**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 *David Stern*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/15/01**

**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 12, 2001 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**

TITLE ☐ Delete  
 NAME **CSTD**  
 STREET ADDRESS **STEIN, CRAIG**  
 CITY-ST-ZIP **1315 NEPTUNE DRIVE**  
**BOYNTON BEACH FL 33426**

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **STEIN, DAVID**  
 CITY-ST-ZIP **1315 NEPTUNE DRIVE**  
**BOYNTON BEACH FL 33426**

TITLE ☒ Delete  
 NAME **AS**  
 STREET ADDRESS **BARRON, ROBERT W**  
 CITY-ST-ZIP **350 E. LAS OLAS BLVD., #1000**  
**FORT LAUDERDALE FL 33301**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS **Stein, Craig**  
 CITY-ST-ZIP **1315 Neptune Drive**  
**Boynton Beach, FL 33426**

TITLE ☒ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS **Stein, David**  
 CITY-ST-ZIP **1315 Neptune Drive**  
**Boynton Beach, FL 33426**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:**

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

**7/10/01**  
 Date

**732-8106**  
 Daytime Phone #

CR2E034 (5/01)