

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90187 044 ***150.00

DOCUMENT # L97557

1. Entity Name

HURRICANE AUTO SALES, INC.

Principal Place of Business

5200 PALM BEACH BLVD
 FORT MYERS FL 33905
 US

Mailing Address

5200 PALM BEACH BLVD
 FORT MYERS FL 33905
 US

2. Principal Place of Business

13440 PALM BEACH BLVD

Suite, Apt. #, etc.

3. Mailing Address

13440 PALM BEACH BLVD

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS FL

Zip

33905

Country

LEE

Zip

33905

Country

LEE

4. FEI Number

65-0216039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHAW, ROBERT T.
 8401 HENDERSON GRADE RD.
 N. FT. MYERS FL 33917

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PST
 SHAW, ROBERT T.
 8401 HENDERSON GRADE RD.
 N. FT. MYERS FL ☐ Delete

TITLE
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 SHAW, ROBERT T.
 8401 HENDERSON GRADE RD.
 N. FT. MYERS FL ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

CR2E034 (9/01)