

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/26

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90221 033 \*\*\*150.00

**DOCUMENT # P00000030524**

1. Entity Name  
**SOUTHERN SHUTTER SYSTEMS, INC.**

Principal Place of Business <b>250 AUSTRALIAN AVENUE SUITE 1601          WEST PALM BEACH FL 33401</b>	Mailing Address <b>250 AUSTRALIAN AVENUE SUITE 1601          WEST PALM BEACH FL 33401</b>
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2. Principal Place of Business <b>1142B 53rd Court</b>	3. Mailing Address <b>1142B 53rd Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33407</b>	Country <b>USA</b>

4. FEI Number <b>65-0994459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, RICHARD T  
 ONE CLEARLAKE CENTRE, SUITE 1601  
 250 AUSTRALIAN AVENUE SOUTH  
 WEST PALM BEACH FL 33401-5016**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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 \$150.00**  
**After MAY 1, 2001 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	<b>D</b> <input type="checkbox"/> Delete <b>DAVIS, RICHARD T</b> <b>1 CLEARLAKE CENTER #1601 250 AUSTRALIAN AV</b> <b>WEST PALM BEACH FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JAMES B. COVINGTON</b> <b>1142B 53rd Ct.</b> <b>W.P.B., FL 33407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **James B. Covington** *James B. Covington* **11 MAY 01 561-881-8110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)