

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90175 034 ***150.00

DOCUMENT # P00000033257

1. Entity Name
HURRICANE SOLUTIONS, INC.

Principal Place of Business

971 AIRPORT ROAD. N.
UNIT #6
NAPLES FL 34104

Mailing Address

971 AIRPORT ROAD. N.
UNIT #6
NAPLES FL 34104

2. Principal Place of Business

3480 23 Ave SW
 Suite, Apt. #, etc.

3. Mailing Address

3480 23 Ave SW
 Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34117

Country

Collier

Zip

34117

Country

Collier

4. FEI Number

59-3627762

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GIBSON, GARY M
971 AIRPORT ROAD, N.
UNIT #6
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3480 23 Ave SW
City **NAPLES** **FL** **Zip Code** **34117**

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	D	<input type="checkbox"/> Delete
NAME	GIBSON, GARY M	
STREET ADDRESS	3480 23RD AVENUE, SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, KRISTINA	
STREET ADDRESS	3480 23RD AVENUE, SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/01)