

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90195 004 ***150.00

DOCUMENT # P00000037885

1. Entity Name
ABSOLUTE STORM PROTECTION, INC.



Principal Place of Business
**5721 FUNSTON ST #5
HOLLYWOOD FL 33023
US**

Mailing Address
**5721 FUNSTON ST #5
HOLLYWOOD FL 33023
US**

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 **65-0997535**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBSEN, BJORN T
11054 SW 16TH MANOR
DAVIE FL 33324**

Name **Jacobsen, Bjorn**
Street Address (P.O. Box Number is Not Acceptable)
4530 NW 197 street
1
City **Miami** FL Zip Code **33055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/26/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JACOBSEN, BJORN T**
STREET ADDRESS **11054 S.W. 16TH MANOR**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **P.** ☒ Change ☐ Addition
NAME **Jacobsen, Bjorn T**
STREET ADDRESS **4530 NW 197 street**
CITY-ST-ZIP **Miami, FL. 33055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/03 (954)985-0904
Date Daytime Phone #

CR2E034 (10/02)