

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90084 031 ***150.00

0564744

DOCUMENT # P00000038196

1. Entity Name

HURRICANE SHUTTER & SUPPLY, INC.

Principal Place of Business

740 BUCK HENDRY WAY
 STUART FL 34997

Mailing Address

6802 S.W. BASIN CT.
 STUART FL 34994-9670

2. Principal Place of Business

740 Buck Hendry Wy

3. Mailing Address

740 BUCK Hendry Wy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

05-1000394

Applied For

Not Applicable

Zip

34994

Country

Martin

Zip

34994

Country

Martin

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERHAM, LAURA
 6802 S.W. BASIN CT.
 STUART FL 34997

7. Name and Address of New Registered Agent

Name Ellis Hyers
 Street Address (P.O. Box Number is Not Acceptable) 740 BUCK Hendry Way
 City Stuart FL Zip Code 34994

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 Ellis Hyers Ellis Hyers 01-06-01
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HYERS, ELLIS	
STREET ADDRESS	2097 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURKHARDT, GEORGE	
STREET ADDRESS	140 PINELAKE VILLAGE DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PERHAM, LAURA	
STREET ADDRESS	6802 S.W. BASIN CT.	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: Ellis Hyers Ellis Hyers Pres 1-6-01 561-229-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/00)