

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039851

1. Entity Name

AAA STORM SHUTTERS, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90997 025 \*\*\*150.00

Principal Place of Business

Mailing Address

2435 S RIDGEWOOD AVE  
SOUTH DAYTONA FL 32119

2435 S RIDGEWOOD AVE  
SOUTH DAYTONA FL 32119

2. Principal Place of Business

3. Mailing Address

5797 Devon St.

1339 Beville Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Orange FL

Daytona Bch FL

Zip

Country

Zip

Country

32127

Volusia

32119

Volusia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, RONALD L  
5797 DEVON ST  
PORT ORANGE FL 32127

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, 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	D	<input type="checkbox"/> Delete
NAME	WILSON, RONALD L	
STREET ADDRESS	2435 S RIDGEWOOD AVE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
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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

RONALD L. WILSON

Date

Daytime Phone #

4-30-01 386-322-7666

CR2E034 (10/00)