

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 91293 050 ***150.00

0242134

DOCUMENT # P00000042564

1. Entity Name

HURRICANE READY, INC.

Principal Place of Business

Mailing Address

**412 NE 4TH ST.
 FT. LAUDERDALE FL 33301**

**412 NE 4TH ST.
 FT. LAUDERDALE FL 33301**

655501

2. Principal Place of Business

4197 SELVITZ RD
 Suite, Apt. #, etc.

3. Mailing Address

4197 SELVITZ RD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE, FL

City & State

FT. PIERCE FL

4. FEI Number

65-1016311

Applied For

Not Applicable

Zip
34981

Country
USA

Zip
34981

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STEVENS, KENNETH G
 412 NE 4TH ST.
 FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **ANTHONY R. LAGANA**
 Street Address (P.O. Box Number is Not Acceptable) **19 E HIGH PT. RD**
 City **STUART** FL Zip Code **34996**

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 **A.R. LAGANA**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01
 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

TITLE **D** ☒ Delete
 NAME **STEVENS, KENNETH G**
 STREET ADDRESS **412 NE 4TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ANTHONY R. LAGANA, PRES** ☒ Change ☐ Addition
 NAME **4197 SELVITZ RD**
 STREET ADDRESS **FT. PIERCE, FL. 34981**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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, 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

ANTHONY R. LAGANA, PRES
4/30/01 561-219-1044
 Date Daytime Phone #

CR2E034 (10/00)