

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91750 012 ***150.00

DOCUMENT # P00000043603

1. Entity Name

STORM SHUTTERS OF FLORIDA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

637 N.E. 27th St.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach Fl.

City & State

4. FEI Number

59-1406073

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Anthony J. Titone Esq.

Street Address (P.O. Box Number is Not Acceptable)

7471 W. Oakland Pk. Blvd.

Suite 110

City Ft. Lauderdale

FL

Zip Code 33319

**DO NOT WRITE
IN THIS SPACE**

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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP**

President/Director

Herman Cirotto

637 N.E. 27th St.

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

Pompano Bch. Fl. 33064

**TITLE
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CITY - ST - ZIP**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony J. Titone

Anthony J. Titone Res. Agnt. 954-742-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-29-02

Daytime Phone #

CR2E034B (12/01)