

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

FILED

DOCUMENT # P00000043603

1. Entity Name Storm Shutters of Florida Inc.

03 DEC 12 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
637 N.E. 27th St.

3. Mailing Address
637 N.E. 27th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03

City & State
Pompano Beach Fl.

City & State
Pompano Beach Fl.

4. FEI Number
59-1406073

Applied For
Not Applicable

Zip
33064

Country
Broward

Zip
33064

Country
Broward

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

**DO NOT WRITE
IN THIS SPACE**

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

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 Cirocco
637 NE 27th St.
Pompano Bchr. Fl. 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200025606372
12/18/03--01057--004- **150.00

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

SIGNATURE:

Anthony J. Titone

Anthony J. Titone

R/A 954-742-2224

Date 12/10/03 Daytime Phone #

CR2E034B (12/01)