

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055479

1. Entity Name  
SHUTTER SYSTEMS, INC.FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90082 014 \*\*\*150.00

Principal Place of Business 1434 10TH CT. LAKE PARK FL 33403	Mailing Address 1434 10TH CT. LAKE PARK FL 33403
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2. Principal Place of Business 4353 Okeechobee Blvd.	3. Mailing Address 4353 Okeechobee Blvd.
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Suite, Apt. #, etc. D-4	Suite, Apt. #, etc. D-4
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City & State West Palm Beach, FL 33409	City & State West Palm Beach, FL 33409
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Zip 33409	Country USA	Zip 33409	Country USA
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6. Name and Address of Current Registered Agent  DUNCAN, SCOTT 1434 10TH CT. LAKE PARK FL 33403		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4353 Okeechobee Blvd. Suite D-4 West Palm Beach, FL 33409			

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Scott Duncan 100 Wetaw Ln #18 North Palm Beach, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Larry Gamblin 648 Mirburg Ave. West Palm Beach, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Scott Duncan* Scott Duncan, President 5/30/01 561-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 6834555  
Daytime Phone #

CR2E034 (10/00)