## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000055598 1. Entity Name COASTAL SHUTTERS HURRICANE PROTECTION, INC. 04-27-2001 90261 033 \*\*\*150.00 Mailing Address -Principal Place of Business 8424 PANAMA CITY BEACH PKWY. 8424 PANAMA CITY BEACH PKWY PANAMA CITY-BEACH FL PANAMA CITY-BEACH-FL 32407" P.O. B4 18589 7500-B Mc*Elv*e4 3. Mailing Address 2. Principal Place of Business 7500-B McElm P.O.Bux 18589 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 9-3653106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 3240 X 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sue M. King KING, SUE M Street Address (P.O. Box Number is Not Acceptable) 8424 PANAMA CITY BEACH PKWY. PANAMA CITY BEACH FL 32407 00-B McElver 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE KING, SUE M 7500-6 MEELU NAME STREET ADDRESS STREET ADDRESS 8424-PANAMA-CITY-BEACH PKWY. PC, FL. 3240X CITY-ST-ZIP CITY-ST-ZIP PANAMA-CITY BEACH FL 32407 Change ☐ Addition TITLE TITLE CAREY, MICHAEL R NAME 7500-B SPREET ADDRESS 8424 PANAMA GITY BEACH PKWY. STREET ADDRESS meelvey CITY-ST-ZIP CITY-ST-7IP PANAMA GITY BEACH FL 3240 , FL 32YO Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITL F ☐ Delete NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRES

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition