

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90055 030 ***158.75

DOCUMENT # P00000062869

1. Entity Name

STORMSHIELD PROTECTION CORPORATION

Principal Place of Business

1081 SUMMIT PLACE CIR., SUITE A
W. PALM BCH FL 33415

Mailing Address

1081 SUMMIT PLACE CIR., SUITE A
W. PALM BCH FL 33415

2. Principal Place of Business

3550 23RD AVE SO.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

LAKE WORTH

Zip

Country

33461

USA

4. FEI Number

65-1018398

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILDER, FLOYD O
1081 SUMMIT PLACE CIR., SUITE A
W. PALM BCH FL 33415

Name

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

City

FL

Zip Code

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WILDER, FLOYD O**
STREET ADDRESS **1081 SUMMIT PLACE CIR., SUITE A**
CITY-ST-ZIP **W. PALM BCH FL 33415**

TITLE **DIRECTOR, SECRETARY** ☒ Change ☐ Addition
NAME **FLOYD O. WILDER**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTIN, DONALD H**
STREET ADDRESS **10276 FOX TRAIL RD. SOUTH, APT. 106**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

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

TITLE **D PRESIDENT** ☐ Delete
NAME **BRIAN WILDER**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR, PRESIDENT** ☐ Change ☒ Addition
NAME **BRIAN WILDER**
STREET ADDRESS **3117 MOSS POINT CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR, VICE PRESIDENT** ☐ Change ☒ Addition
NAME **FLOYD O. WILDER III**
STREET ADDRESS **2764 10TH ST.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR, TREASURER** ☐ Change ☒ Addition
NAME **BLAKE R. WILDER**
STREET ADDRESS **614 AVENIDA ALEGRE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)