2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am DOCUMENT # P00000062869 **Secretary of State** 1. Entity Name STORMSHIELD PROTECTION CORPORATION 02-04-2002 90011 004 ***150.00 Principal Place of Business Mailing Address 3550 23RD AVE S 1081 SUMMIT PLACE CIR., SUITE A STE 3 W. PALM BCH FL 33415 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1018398 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILDER, FLOYD O. WILDER, FLOYD O Street Address (P.O. Box Number is Not Acceptable) 1081 SUMMIT PLACE CIR., SUITE A 3550 23-d AVE. SOUTH W. PALM BCH FL 33415 SUITE Zip Code AKE WORTH 33461 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE WILDER, FLOYD O NAME NAME 1081 SUMMIT PLACE CIR., SUITE A STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33415 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME Martin, Donald H NAME STREET ADDRESS 10276 FOX TRAIL RD. SOUTH, APT. 106 STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH FL 33411 CITY-ST-ZIP Delete TITLE ☐ Change Addition WILDER, BRIAN NAME NAME STREET ADDRESS 3117 MOSS POINTE CIRCLE STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33467 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WILDER, FLOYD O III NAME NAME STREET ADDRESS 2764 10TH ST STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME WILDER, BLAKE R NAME STREET ADDRESS 614 AVENIDA ALEGRE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATUDE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1/17/2002 (541) 721-2000 Date Davima Phone #

FILED