

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90091 040 \*\*\*150.00

**DOCUMENT # P00000064692**

1. Entity Name  
**SHUTTERPRO HURRICANE SHUTTERS, INC.**



Principal Place of Business

**4491 RIDGEWOOD AVE  
DAYTONA BEACH FL 32119**

Mailing Address

**4491 RIDGEWOOD AVE  
DAYTONA BEACH FL 32119**



2. Principal Place of Business

**4343 S. Ridgewood Ave**  
Suite, Apt. #, etc.  
**NA**

3. Mailing Address

**4343 S. Ridgewood Ave**  
Suite, Apt. #, etc.  
**NA**

☒ CHECK HERE IF MAKING CHANGES

City & State

**Port Orange FL**  
Zip **32127** Country **USA**

City & State

**Port Orange FL**  
Zip **32127** Country **USA**

4. FEI Number

**59-3653724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLEISCHER, NANCY  
147 ESSEX DRIVE  
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **Nancy Fleischer**

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

**4343 S. Ridgewood Ave**

City **Port Orange** **FL** Zip Code **32127**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Nancy E. Fleischer President**  
DATE **1/2/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
NAME **FLEISCHER, NANCY**  
STREET ADDRESS **147 ESSEX DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VD** ☐ Delete  
NAME **GORDON, SUSAN**  
STREET ADDRESS **147 ESSEX DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nancy E. Fleischer President**  
Date **1/2/03**  
Daytime Phone

CR2E034 (10/02)