

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90006 027 ***550.00

DOCUMENT # P00000073308

1. Entity Name
HURRICANE SERVICES, INC.

660624



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7088 VILLA MARVELLA BOCA RATON FL 33433	Mailing Address 7088 VILLA MARVELLA BOCA RATON FL 33433
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2. Principal Place of Business 7088 VIA MARBELLA Suite, Apt. #, etc.	3. Mailing Address 7088 VIA MARBELLA Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS INC
103 N MERIDIAN ST LL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **Erik Baklid**
 Street Address (P.O. Box Number is Not Acceptable) **6700 N. Andrews Avenue Suite 401**
 City **Ft. Lauderdale** FL Zip Code **33309**

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 **ERIK BAKLID** DATE **MAY 15th 2001**

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKLID, ERIK 7088 VILLA MARVELLA BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7088 VIA MARBELLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 is 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: **ERIK BAKLID** DATE **MAY 15th 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: A DIRECTOR

CR2E034 (10/00)