

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079731

1. Entity Name

HURRICANE SHUTTER SUPPLY USA, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90156 001 \*\*\*300.00

Principal Place of Business

7087 159TH CT. NORTH  
PALM BCH GARDENS FL 33418

Mailing Address

7087 159TH CT. NORTH  
PALM BCH GARDENS FL 33418

2. Principal Place of Business

1818 7th Ave N.

3. Mailing Address

1818 7th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33461

Country

USA

Zip

33461

Country

USA

6. Name and Address of Current Registered Agent

NICHOLS, L. WESLEY ESQ.  
11380 PROSPERITY FARMS RD.  
PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Edwin D. Wells

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

7087 159th Ct. N.

City

Palm Beach Gardens FL

Zip Code

33418

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

*Edwin D. Wells* - President

4/19/01

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	WELLS, EDWIN	
STREET ADDRESS	7087 159TH CT. NORTH	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, EDWIN	
STREET ADDRESS	7087 159TH CT. NORTH	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Edwin D. Wells* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

561-586-2249

CR2E034 (10/00)