5/11

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2001 8:00 am DOCUMENT # P00000080606 Secretary of State 05-11-2001 90463 043 ***150.00 SHUTTER KING, INC. Principal Place of Business Mailing Address 4061 ROYAL PALM BEACH BOULEVARD 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 908 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1100 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Royal Palm Bch. Blod City g stered office or registered agent, or both, in the State of Florida 8. The above named e (SIGNATURE) DATE (NOTE: Re, stered Agent signature required when rains 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria or ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 11. 12. 11. OFFICERS AND DIRECTORS CR2E034 (10/00) _ Change ☐ Detete TITLE PSTD TITLE NAME NAME GEORGE, JOHN P Royal Palm STREET ADDRESS STREET ADDRESS 4061 ROYAL PALM BEACH BOULEVARD CITY-ST-ZIP Royal Palm Be ROYAL PALM BEACH FL 33411 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME GEORGE, JEFF STREET ADDRESS STREET ADDRESS 4061 ROYAL PALM BEACH BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Change Addition TITLE. . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition IIII F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eport 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 attachmen SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR