

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90067 001 \*\*\*150.00

**DOCUMENT # P00000080837**

1. Entity Name

**JJAB STORM PROTECTION, INC.**

Principal Place of Business

**320 NEW YORK ST  
 HOLLYWOOD FL 33019**

Mailing Address

**320 NEW YORK ST  
 HOLLYWOOD FL 33019**

2. Principal Place of Business

3. Mailing Address

**358 SE 6<sup>th</sup> ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DANIA FLA.**

4. FEI Number

**65-1042187**

Applied For

Not Applicable

Zip

Country

**33004**

Country

**Broward.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARILLO, NEIL**

**320 NEW YORK ST  
 HOLLYWOOD FL 33019**

Name

**NEIL BARILLO**

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

**358 SE 6<sup>th</sup> ST**

City

**DANIA**

**FL**

Zip Code

**33004**

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.

**NEIL BARILLO PRES**

**4-15-02**

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARILLO, NEIL</b>	
STREET ADDRESS	<b>320 NEW YORK ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
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		

TITLE	<b>NEIL BARILLO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>358 SE 6<sup>th</sup> ST</b>	
STREET ADDRESS	<b>DANIA, FL 33004</b>	
CITY-ST-ZIP		
TITLE	<b>D P S T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NEIL BARILLO</b>	
STREET ADDRESS	<b>358 SE 6<sup>th</sup> ST</b>	
CITY-ST-ZIP	<b>DANIA, FL 33004</b>	
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
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 lines empowered.

SIGNATURE:

**NEIL BARILLO PRES**

**4-15-02**

**254-9278108**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)