

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000084012**1. Entity Name
HURRICANE SHELTER KITS, INC.

Principal Place of Business

992 WINTERBERRY DRIVE

MARCO ISLAND

FL

34145

Mailing Address

992 WINTERBERRY DRIVE

MARCO ISLAND

FL

34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3673587

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS WILLIAM G

247 N. COLLIER BLVD.

STE. 202

MARCO ISLAND

FL

34145

US

7. Name and Address of New Registered Agent

Name

JANSSENS-LENS PAUL

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

992 WINTERBERRY DRIVE

City

MARCO ISLAND

FL

Zip Code
34145

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 **PAUL JANSSENS-LENS****04/18/2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MORRIS WILLIAM G
STREET ADDRESS 247 N. COLLIER BLVD., STE. 202
CITY-ST-ZIP MARCO ISLAND FL 34145TITLE S ☒ Change ☐ Addition
NAME BOWER JANNIE
STREET ADDRESS 992 WINTERBERRY DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145TITLE D ☐ Delete
NAME JANSSENS-LENS PAUL
STREET ADDRESS 992 WINTERBERRY DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145TITLE DP ☒ Change ☐ Addition
NAME JANSSENS-LENS PAUL
STREET ADDRESS 992 WINTERBERRY DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Jannie Bower**

S

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)