

- AMENDED -

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 21 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000006631*

1. Entity Name

*HURRICANE HOUSES & STRUCTURES,
INC.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 RIALTO PL, # 700

3. Mailing Address

100 RIALTO PL, # 700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FFL Number

59-3677859

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gerald Paradis

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

100 Rialto Place, # 700

City

Melbourne

FL

Zip Code
32901

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

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

*GERALD PARADIS, D.P.
100 RIALTO PLACE, # 700
Melbourne, FL 32901*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*LARRY CAVALIERE, VP
100 RIALTO PLACE
Melbourne, FL 32901*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*DICK HANELOUS D, Sec. TREAS.
100 RIALTO PLACE
Melbourne, FL 32901*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Paradis

5/1/02 (321) 951-3765

Date

Daytime Phone #