

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90014 015 \*\*\*150.00

**DOCUMENT # P01000102957**

1. Entity Name

**ABSOLUTE STORM PROTECTION, INC.**

Principal Place of Business

**703 FOREST SHORES DR  
 MARY ESTHER FL 32569**

Mailing Address

**703 FOREST SHORES DR  
 MARY ESTHER FL 32569**

2. Principal Place of Business

**786 N. Beal Pkwy**

Suite, Apt. #, etc.

**Suite 4 A**

City & State

**Fort Walton Beach**

Zip

**32547**

Country

3. Mailing Address

**786 N. Beal Pkwy**

Suite, Apt. #, etc.

**Suite 4 A**

City & State

**Fort Walton Beach**

Zip

**32547**

Country

4. FEI Number

**593754987**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PERRI, DANIEL C  
 4 ELEVENTH AVE  
 SUITE ONE  
 SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 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

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SCHMEER, RUDI</b>	
STREET ADDRESS	<b>703 FOREST SORES DR</b>	
CITY-ST-ZIP	<b>MARY ESTHER FL 32569</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HEINEN, BIRGIT</b>	
STREET ADDRESS	<b>703 FOREST SORES DR</b>	
CITY-ST-ZIP	<b>MARY ESTHER FL 32569</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/30/02 456 862 8557**

Date

Daytime Phone #

CR2E034 (9/01)