

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90697 004 ***150.00

DOCUMENT # P01000102957

1. Entity Name
ABSOLUTE STORM PROTECTION SERVICES, INC.



Principal Place of Business
786 N.BEAL PKWY
SUITE 4 A
FORT WALTON BEACH FL 32547

Mailing Address
786 N.BEAL PKWY
SUITE 4 A
FORT WALTON BEACH FL 32547

2. Principal Place of Business

401-B Mountain Dr.
Suite, Apt. #, etc.

3. Mailing Address

401-B Mountain Dr.
Suite, Apt. #, etc.

City & State

Destin

Zip

32541

Country
Okaloosa

City & State

Destin

Zip

32541

Country
Okaloosa

4. FEI Number

59-3754987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCHMEER, RUDI**
STREET ADDRESS **703 FOREST SORES DR**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☐ Delete
NAME **HEINEN, BIRGIT**
STREET ADDRESS **703 FOREST SORES DR**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RUDI SCHMEER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

03-19-03 8506540236