

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-01-2003 90361 032 ***150.00

DOCUMENT # P02000000664

1. Entity Name
AFFORDABLE STORM AND SECUTY PROTECTION CO.



Principal Place of Business
**6590 WILLOW LAKE CIR.
FT. MYERS FL 33912**

Mailing Address
**6590 WILLOW LAKE CIR.
FT. MYERS FL 33912**

2. Principal Place of Business
220 N.E. 25th Av.

3. Mailing Address
220 N.E. 25th Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 8

Unit 8

City & State

City & State

CAPE CORAL FL

CAPE CORAL FL

Zip
33993

Country
Lee

Zip
33993

Country
Lee

4. FEI Number

03-0385239-

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST., 4TH FL
MIAMI FL 33145**

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

James W. Evey

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

(NOTE: Registered Agent signature required when reinstating)

3/31/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
EVEY, JAMES WALTER
6590 WILLOW LAKE CIR.
FT. MYERS FL 33912**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MATASA, LMIU
6590 WILLOW LAKE CIR.
FT. MYERS FL 33912**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

James W. Evey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

DATE

239-458-7749

Daytime Phone #

CR2034 (10/02)