

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90215 046 ***150.00

DOCUMENT # P02000010234



1. Entity Name
GALEFORCE HURRICANE SHUTTERS INC.

Principal Place of Business
1429 SE VILLAGE GREEN DRIVE
PORT ST LUCIE FL 34952

Mailing Address
1429 SE VILLAGE GREEN DRIVE
PORT ST LUCIE FL 34952

100000000



2. Principal Place of Business

3. Mailing Address

189 N. CAPRONA AV

Suite, Apt. #, etc.

PORT ST LUCIE FL.

☐ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number

01-0579031

Applied For

Not Applicable

Zip

Country

34952

Country

St Lucie

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTINO, ANTHONY

1429 SE VILLAGE GREEN DRIVE
PORT ST LUCIE FL 34952

Name

ANTHONY ALTINO

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

189 N. CAPRONA AV

City

PORT ST LUCIE

FL

Zip Code

34983

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

Anthony Altino

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ANTHONY ALTINO	
STREET ADDRESS	189 - N. CAPRONA AV	
CITY-ST-ZIP	PORT ST LUCIE FL. 34983	
TITLE	ROBERT ALTINO	<input type="checkbox"/> Delete
NAME	189 N. CAPRONA AV	
STREET ADDRESS	PORT ST LUCIE FL. (V.P.)	
CITY-ST-ZIP		
TITLE	EMANUELA ALTINO	<input type="checkbox"/> Delete
NAME	189 N. CAPRONA AV	
STREET ADDRESS	PORT ST LUCIE FL. 34983	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		

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:

Anthony Altino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)