

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P93000086664

1. Entity Name

STORMS ENTERPRISES, INC.

00 APR 26 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3991 GULFSHORE BLVD N  
PH 204  
NAPLES FL 33940  
US

3991 GULFSHORE BLVD N  
PH 204  
NAPLES FL 34103-3699  
US

2. Principal Place of Business

3. Mailing Address

PO Box 1014

PO Box 1014

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pineville, NC 28134

City & State

Pineville NC 28134

4. FEI Number

65-0454812

Applied For

Not Applicable

Zip

28134

Country

Meck.

Zip

28134

Country

Meck.

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

STORMS, DONALD L  
3991 GULFSHORE BLVD., N.  
PH204  
NAPLES FL 33940

Name

Corporation Service Inc.

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

BRIAN COURTNEY, ASST. V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME STORMS, DONALD L  
STREET ADDRESS 3991 GULFSHORE BLVD., N., PH204  
CITY-ST-ZIP NAPLES FL 33940

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS STORMS, Donald L  
CITY-ST-ZIP PO Box 1014  
Pineville NC 28134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

704 843-2212

Daytime Phone #

CR2E034 (9/99)