

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016118

1. Entity Name

HURRICANE SHUTTER & SCREEN SERVICES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90156 001 ***300.00

Principal Place of Business

7087 159TH CT N
PALM BEACH GARDENS FL 33418
US

Mailing Address

7087 159TH CT N
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

1818 7th Ave N.

Suite, Apt. #, etc.

3. Mailing Address

1818 7th Ave N.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33461

Country

USA

Zip

33461

Country

USA

6. Name and Address of Current Registered Agent

WELLS, EDWIN D
7087 159 TH CT N
PALM BEACH GARDENS FL 33418

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

Edwin D Wells - President

4/19/01

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, 2001 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 PVT
NAME WELLS, EDWIN D
STREET ADDRESS 7087 159TH CT N
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

TITLE D
NAME WELLS, KATHLEEN M
STREET ADDRESS 7087 159TH CT N
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

TITLE D
NAME CARNEY, COLLEEN
STREET ADDRESS 6702 MALLARDS COVE RD, 39E
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Edwin D Wells Edwin D Wells

4/19/01

561-586-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)