

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000016118

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: HURRICANE SHUTTER & SCREEN SERVICES, INC.

Current Principal Place of Business:

1818 7TH AVENUE N
LAKE WORTH, FL 33461 US

New Principal Place of Business:

7655 ENTERPRISE DR
SUITE A-1
WEST PALM BEACH, FL 33404 US

Current Mailing Address:

1818 7TH AVENUE N
LAKE WORTH, FL 33461 US

New Mailing Address:

7655 ENTERPRISE DR
SUITE A-1
WEST PALM BEACH, FL 33404 US

FEI Number: 65-0558982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WELLS, EDWIN D PRES
6248 ROBINSON ST
JUPITER, FL 33458 US

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

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: WELLS, EDWIN D
Address: 7087 159TH CT N
City-St-Zip: PALM BEACH GARDENS, FL

Title: D () Delete
Name: WELLS, KATHLEEN M
Address: 7087 159TH CT N
City-St-Zip: PALM BEACH GARDENS, FL

Title: D () Delete
Name: CARNEY, COLLEEN
Address: 6702 MALLARDS COVE RD, 39E
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: WELLS, EDWIN D
Address: 6248 ROBINSON ST
City-St-Zip: JUPITER, FL 33458 US

Title: D (X) Change () Addition
Name: WELLS, KATHLEEN M
Address: 6248 ROBINSON ST
City-St-Zip: JUPITER, FL 33458 US

Title: D (X) Change () Addition
Name: CARNEY, COLLEEN M
Address: 6702 MALLARDS COVE RD, 39E
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M. WELLS

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date