

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000016118

FILED
Apr 30, 2003
Secretary of State

Entity Name: HURRICANE SHUTTER & SCREEN SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 PRES
6248 ROBINSON ST
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRENES, 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

04/30/2003

Electronic Signature of Signing Officer or Director

Date