

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028652

1. Entity Name

TROPICAL HURRICANE PANEL COMPANY

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90211 011 ***150.00

Principal Place of Business

Mailing Address

10104 N.W. 53 ST.
SUNRISE FL 33351

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SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0565577

Applied For

Not Applicable

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

ERICKSON, GLEN R
8736 N.W. 40TH ST.
CORAL SPRINGS FL 33065
(8734 NW 40 ST)

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	ERICKSON, GLEN	8736 NW 40ST → correct CORAL SPRINGS FL 33065			8734 NW 40 ST Coral Springs, FL 33065	
	VP	ERICKSON, LINDA	8736 NW 40ST → correct CORAL SPRINGS FL			8734 NW 40 ST Coral Springs, FL 33065	
	TS	JODY BEAR	2901 NE 51ST ST-9 → correct FT LAUDERDALE FL			2450 NE 51 Street APT. 10 Ft Laud., Florida	

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:

Linda Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

Date

954-522-0247

Daytime Phone #

CR2E034 (10/00)