Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028652

1. Entity Name
Tropical Hurricane Panel Co.

FILED
02 DEC 16 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

[redacted]
000009520100
12/16/02--01036--016 **61.50
[redacted]

2. Principal Place of Business	3. Mailing Address
10104 NW 53 St	10104 NW 53 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33351 Country: Broward	Zip: 33351 Country: Broward

4. FEI Number: 65-0565577 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Linda Erickson

Street Address (P.O. Box Number is Not Acceptable)
8734 NW 40 St

City: Coral Springs FL Zip Code: 33065

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 _____ Date
Signature, typed or printed name of registered agent and title if applicable. (Must be Registered Agent signature, required when changing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Linda Erickson 8734 NW 40 St Coral Springs, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Linda Erickson 8734 NW 40 St Coral Springs, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.S Linda Erickson 8734 NW 40 St Coral Springs, FL 33065
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Erickson 12-10-02 9545720247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #