

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State
 08-23-2000 90030 037 ***558.75

A0074236

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P95000085629**
 1. Entity Name
STORM'N LOUIS Hurricane Protection Inc.

Principal Place of Business
97300 Overseas Hwy
Key Largo, FL 33037

Mailing Address
P.O. Box 170
Key Largo, FL 33037

2. Principal Place of Business
97300 Overseas Hwy.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 170
 Suite, Apt. #, etc.

City & State
Key Largo, FL

City & State
Key Largo, FL

Zip
33037

Country
U.S.A.

Zip
33037

Country
U.S.A.

4. FEI Number
05-0619187

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Louis H. Stremanos
103 1st Terrace.
Key Largo, FL 33037

7. Name and Address of New Registered Agent

Name
Louis H. Stremanos

Street Address (P.O. Box Number is Not Acceptable)
103 1st Terrace

City
Key Largo,

FL

Zip Code
33037

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  **LOUIS H. STREMANOS - President** **8-15-00**
 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, 2000 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 President	<input type="checkbox"/> Delete		TITLE PO, V, T, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Louis H. Stremanos			NAME Louis H. Stremanos		
STREET ADDRESS 18023 SW 152 pl			STREET ADDRESS 103 1st Terrace		
CITY-ST-ZIP Miami, FL 33187			CITY-ST-ZIP Key Largo, FL 33037		
TITLE VSTO	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Edith Stremanos			NAME		
STREET ADDRESS 18023 SW 152 pl			STREET ADDRESS		
CITY-ST-ZIP Miami, FL 33087			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **LOUIS H. STREMANOS** **8-15-00** **(305) 232-3636**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)