

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007426

1. Entity Name

FLORIDA HURRICANE PROTECTION INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90128 012 \*\*\*158.75

Principal Place of Business

Mailing Address

27060 S.W. 120 AVENUE/ROAD  
MIAMI FL 33032

27060 S.W. 120 AVENUE/ROAD  
MIAMI FL 33032-3338

2. Principal Place of Business

3. Mailing Address

133 NE 3<sup>RD</sup> Road  
Suite, Apt. #, etc.

133 NE 3<sup>RD</sup> Road  
Suite, Apt. #, etc.

City & State

City & State

Homestead, FL

Homestead, FL

Zip

Country

33033

USA

Zip

Country

33033

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0650069

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

COURNOYER, ROBERT  
27060 S.W. 120 AVENUE/ROAD  
MIAMI FL 33032

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: New Registered Agent Signature required when reinstating)

DATE

2/14/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	COURNOYER, ROBERT	27060 S.W. 120 AVENUE/ROAD	MIAMI FL 33032	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	COURNOYER, ROBERT	27060 SW 120 Ave RD	MIAMI, FL 33032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	COURNOYER, WENDY	27060 SW 120 Ave RD	MIAMI, FL 33032	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-14-2000

305-258-7657

CR2E034 (9/99)