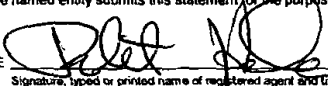
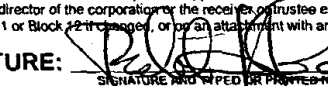


FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90405 014 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FLORIDA STORM PROOFING, INC. 1. Entity Name 21949 US HWY. 19 N. CLEARWATER, FL 33765 727-724-8200	
Principal Place of Business FLORIDA STORM PROOFING, INC. 21949 US HWY. 19 N. CLEARWATER, FL 33765 727-724-8200	
2. Principal Place of Business 21949 US HWY. 19 N. Suite, Apt. #, etc.	
3. Mailing Address same Suite, Apt. #, etc. 5	
City & State Clearwater FL	
City & State same	
4. FEI Number 59-3392537	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Alan Gassman 1245 Court St Suite 102 Clearwater, FL 34616	
7. Name and Address of New Registered Agent Name Alan Gonzalez Street Address (P.O. Box Number is Not Acceptable) 1402 W. Shigh Ave City Tampa FL Zip Code 33604	
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 4/27/01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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; 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 by an attachment with an address, with all other like empowered.	
* SIGNATURE:  DATE 4/27/01 Signature, typed or printed name of signing officer or director	