2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2001 8:00 am DOCUMENT # P96000100899 **Secretary of State** 1. Entity Name WIND, THEFT AND SUN PROTECTIVE FILM COMPANY 03-06-2001 90309 026 ***150.00 Principal Place of Business Mailing Address 2260 46TH AVENUE 2260 46TH AVENUE VERO BEACH FL 32966 VERO BEACH FL 32966 Mailing Address Principal Place of Business 33 17 5 Street Street DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3415588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASALINO, GREGG M ESQ. Street Address (P.O. Box Number is Not Acceptable) 3111 CARDINAL DRIVE VERO BEACH FL 32963 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD NITCH, POBERT B 3R2E034 (10/00) PTD Delete ☐ Change Addition TITLE TITLE NAME NAME NITCH, ROBERT R 333 17th Street, Suite T STREET ADDRESS **2260 46TH AVENUE** STREET ADDRESS CITY-ST-ZIP Vero Beach, Florida 3296**0** CITY-ST-ZIP VERO BEACH FL 32966 ☐ Change Addition SVD □ Delete TITLE SVD TITLE NAME JASON P. NITCH NAME NITCH, PATRICIA A STREET ADDRESS STREET ADDRESS 2260 46TH AVENUE 333 17th STreet CITY-ST-7IP CITY-ST-ZIE VERO BEACH FL 32966 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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.