

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000006307

FILED
Apr 06, 2002 8:00 AM
Secretary of State

Entity Name: "STAINLESS HURRICANE SHUTTERS INC."

Current Principal Place of Business:

4960 SW 52ND ST.
STE. #412
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4960 SW 52ND ST.
STE. #412
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0723891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, SHERYL T
4960 SW 52ND ST.
STE. #412
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

COGGINS, ROBERT L
4960 SW 52ND ST.
STE. #412
DAVIE, FL 33314 US

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: ROBERT L. COGGINS

04/06/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIL, SHERYL
Address: 4960 SW 52ND ST # 412
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COGGINS, ROBERT L
Address: 4960 SW 52ND ST # 412
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. COGGINS

D

04/06/2002

Electronic Signature of Signing Officer or Director

Date