

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90271 034 ***158.75

DOCUMENT # P97000009541

1. Entity Name
HURRICANE PROTECTION SYSTEMS, INC.

Principal Place of Business

5404 NW 108 WAY
CORAL SPRINGS FL 33076

Mailing Address

5404 NW 108 WAY
CORAL SPRINGS FL 33076

2. Principal Place of Business

1181 SE 6 AVE # 205E

Suite, Apt. #, etc.

205E

3. Mailing Address

1181 SE 6 AVE

Suite, Apt. #, etc.

205E

City & State
DEERFIELD BEACH FL

Zip
33441

Country
US

City & State
DEERFIELD BEACH FL

Zip
33441

Country
US

4. FEI Number **65-0730420**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, GERARDO
5404 NW 108 WAY
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name **WILLIAM T MAHER**

Street Address (P.O. Box Number is Not Acceptable)
1181 SE 6 AVE 205E

City **DEERFIELD BEACH FL** **Zip Code** **33441**

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 *William T. Maher*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **GOMEZ, GERARDO**
STREET ADDRESS **5404 NW 108 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRES - DIRECTOR** ☐ **Change** ☒ **Addition**
NAME **WILLIAM T. MAHER**
STREET ADDRESS **1181 SE 6 AVE #205E**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *William T. Maher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-02 954 420 0681

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CR2E034 (9/01)