## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 16, 2001 8:00 am Secretary of State DOCUMENT # P97000021692 1. Entity Name STORM SHUTTERS AMERICA, INC. 05-16-2001 90227 011 \*\*\*150.00 Principal Place of Business Mailing Address 11112 N.W. 1ST PLACE 11112 N.W. 1ST PLACE N 4 4 8 8 V CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 5278 NU 5278 NW 🕨 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0813147 COLL Not Applicable OUR Country Zip 38.75 Additional 5. Certificate of Status Desired 33<u>06</u> 92J Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **HUMPHHREYS, RICHARD R** 11112 N.W. 1ST PLACE **CORAL SPRINGS FL Y** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. HUMPHREYS, RICHARD & Change CR2E034 (10/00) **PSTD** TITLE TITLE ☐ Delete NAME HUMPHREYS, RICHARD R MAW HTF8 WH 8FX2 STREET ADDRESS STREET ADDRESS 11112 N.W. 1ST PLACE CITY-ST-ZIP CITY-ST-ZIP COLDI SPRIKUS **CORAL SPRINGS FL 33071** TITLE Delete NAME NAME BENZ, DANIEL F STREET ADDRESS STREET ADDRESS 8216 RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 33092-2206 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE 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 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: RICHARD & HUMON

954.295-6268