

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90726 033 \*\*\*550.00

**DOCUMENT # P97000022337**

**1. Entity Name**  
**GLOBAL SHUTTERS, INC.**

**Principal Place of Business**  
**6337 17TH STREET CIRCLE EAST**  
**SARASOTA FL 34243**

**Mailing Address**  
**6337 17TH STREET CIRCLE EAST**  
**SARASOTA FL 34243**

80132567



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-3432291**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SHOUN, BRANDON K**  
**6337 17TH STREET CIRCLE EAST**  
**SARASOTA FL 34243**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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** *Brandon K Shoun*  
 Signature, typed or printed name of registered agent and title if applicable.

*5-15-02*

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **SHOUN, BRANDON K**  
**STREET ADDRESS** **5380 37TH STREET NORTH**  
**CITY-ST-ZIP** **ST PETERSBURG FL 33714**

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

☒ Delete  
**TITLE** **SD**  
**NAME** **ELDERT, CAROL A**  
**STREET ADDRESS** **4679 PITTENGER DRIVE**  
**CITY-ST-ZIP** **SARASOTA FL 34234**

☒ Change ☐ Addition  
**TITLE**  
**NAME** **ELDERT, CAROL A.**  
**STREET ADDRESS** **3716 62nd AVE EAST**  
**CITY-ST-ZIP** **SARASOTA FL 34203**

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

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**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:**

*Carol A Eldert*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*5-15-02 941-352-3433*

Date

Daytime Phone #

CR2E034 (9/01)