

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90092 008 ***150.00

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DOCUMENT # P97000064718

1. Entity Name
HURRICANE SAFETY GAMES, INC.



Principal Place of Business
15 HILLBROOK WAY
PENSACOLA FL 32503

Mailing Address
15 HILLBROOK WAY
PENSACOLA FL 32503

2. Principal Place of Business
above
Suite, Apt. #, etc.

3. Mailing Address
above
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State **City & State** **4. FEI Number** **NOT APPLICABLE** **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**
MARTENS, DUDLEY **Name**
15 HILLBROOK WAY **Street Address (P.O. Box Number is Not Acceptable)**
PENSACOLA FL 32503 **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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Dudley D. Martens* *Dudley Martens* *4/21/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 **9. Election Campaign Financing** **\$5.00 May Be**
After May 1, 2003 Fee will be \$550.00 **Trust Fund Contribution.** ☐ **Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTENS, DUDLEY 15 HILLBROOK WAY PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURKE, DANIEL H 15 HILLBROOK WAY PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dudley Martens* **REQUIRED** *4/21/03* *850-438-7334*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)