

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094565

1. Entity Name

COMPLETE HURRICANE PROTECTION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 SEP 25 AM 11:52

Principal Place of Business

1146 ELIZABETH AVE  
SUITE #6  
WEST PALM BEACH FL 33401

Mailing Address

1146 ELIZABETH AVE  
SUITE #6  
WEST PALM BEACH FL 33401

2. Principal Place of Business

1696 OLD OKEECHOBEE RD  
Suite, Apt. #, etc.  
#2-F

3. Mailing Address

1696 OLD OKEECHOBEE RD  
Suite, Apt. #, etc.  
2-F



REINSTATEMENT

Applied For  
Not Applicable

4. FEI Number 65-0792183

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, SCOTT W  
537 SO SEQUOIA DRIVE #210  
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name: MARTINEZ, SCOTT W  
Street Address (P.O. Box Number is Not Acceptable)  
537 S. SEQUOIA DR #305  
WEST PALM BEACH  
City FL Zip Code 33409

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

Signature, typed or printed name of registered agent and agent if applicable.

SCOTT W. MARTINEZ

7/12/2000

(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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVDS  
NAME MARTINEZ, SCOTT W  
STREET ADDRESS 537 SO SEQUOIA DRIVE #210  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVDS  
NAME MARTINEZ, SCOTT W  
STREET ADDRESS 537 S. SEQUOIA DR #305  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE  
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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2000 (56) 687-9905