

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90097 047 ***150.00

DOCUMENT # P98000064579

1. Entity Name

AFFORDABLE HURRICANE PROTECTION INC.

Principal Place of Business

Mailing Address

3400 FOX CROFT ROAD
FL 33025**3400 FOX CROFT ROAD**
MIRAMAR FL 33025-4197

2. Principal Place of Business

3. Mailing Address

1074-C HYACINTH PLACE
Suite, Apt. #, etc.**1074-C HYACINTH PLACE**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

WELLINGTON, FLORIDA**WELLINGTON, FLORIDA**

4. FEI Number

65-0855435

Applied For

Not Applicable

Zip

Country

Zip

Country

33414**U.S.A.****33414****U.S.A.**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

Name

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

1074-C HYACINTH PLACE

City

WELLINGTON

FL

Zip Code

33414

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 title if applicable

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, SIDNEY A	
STREET ADDRESS	3400 FOX CROFT ROAD	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, SUSAN E	
STREET ADDRESS	3400 FOXCROFT RD UNIT 211	
CITY-ST-ZIP	MIRMAR FL 33025-4123	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1074-C HYACINTH PLACE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1074-C HYACINTH PLACE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Susan E. Garcia** **SUSAN E. GARCIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/27/00** **561-784-9140**
Date Daytime Phone #

CR2E034 (9/99)