

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90090 002 ***150.00

DOCUMENT # P98000064579

1. Entity Name

AFFORDABLE HURRICANE PROTECTION INC.

Principal Place of Business

**16758 67TH COURT NORTH
 LOXAHATCHEE FL 33470
 US**

Mailing Address

**16758 67TH COURT NORTH
 LOXAHATCHEE FL 33470
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0855435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, SIDNEY A
 1074-C HYACINTH PL.
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

SUSAN E. GARCIA

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

16758 67TH COURT NORTH

City

LOXAHATCHEE

FL

Zip Code

33470

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: Susan E. Garcia **SUSAN E. GARCIA VICE PRESIDENT**

4/29/02
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **GARCIA, SIDNEY A**
 STREET ADDRESS **16758 67TH COURT NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **VP** ☐ Delete
 NAME **GARCIA, SUSAN E**
 STREET ADDRESS **16758 67TH COURT NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **GARCIA, SIDNEY A**
 STREET ADDRESS **16758 67TH COURT NORTH**
 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

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

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

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

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

TITLE ☐ Change ☐ 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**

4/29/02
 Date

561-784-9140
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)