2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90073 046 ***150.00

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DOCUMENT # P98000080487

1. Entity Name
STORM BUSTERS, INC.

Principal Place of Business	Mailing Address
1931 PEACH TREE BLVD. ST. CLOUD FL 34769	1931 PEACH TREE BLVD. ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3090 Tohopekaliga DR Suite, Apt. #, etc.	P.O. Box 420501 Suite, Apt. #, etc
City & State: ST. Cloud, Florida	City & State: Kissimmee, Florida
Zip: 34772 Country: Osceola	Zip: 34742-0501 Country: Osceola

4. FEI Number 59-3534261 ☐ Applied For ☐ Not Applicable

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
FRIEND, KEN JR. 1931 PEACH TREE BLVD. ST. CLOUD FL 34769	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 3090 Tohopekaliga Dr. City: St. Cloud, FL. — FL Zip Code: 34772

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: KEN FRIEND JR — 4-6-2001
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEND, KAREN S 1931 PEACH TREE BLVD. ST. CLOUD FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPC PARSONS II, WALTER C 328 W OAK ST KISSIMMEE FL 34741	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCVP MOORE, CARROLL 158 RAINTREE CRT ST CLOUD FL 34771	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD FRIEND JR, KENNETH L 1931 PEACHTREE BLVD ST CLOUD FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Ken Friend JR — 4-6-2001 — 407-922-5819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #