

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90092 046 ***150.00

DOCUMENT # P98000107191

1. Entity Name

Typhoon Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4201 West Gate Ave

3. Mailing Address

4201 West Gate Ave

Suite A-8

Suite A-8

City & State

W Palm Bch FL

City & State

W Palm Bch FL

4. FEI Number

65-0882639

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert E Oglesby

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

250 S Australian Avenue

Suite 1400

City

West Palm Beach

FL

Zip 33401

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00**

**Amended UBR is \$61.25
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	Director
NAME	James E Cheever
STREET ADDRESS	1420 Palm Circle
CITY - ST - ZIP	West Palm Beach, FL 33496
TITLE	Director
NAME	Jose R. Benavides
STREET ADDRESS	18449 Spanish Isles Court
CITY - ST - ZIP	Boca Raton, FL 33496
TITLE	Director
NAME	David B Greene
STREET ADDRESS	4201 West Gate Ave Ste A-8
CITY - ST - ZIP	West Palm Bch, FL 33409

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B Greene

Date

Daytime Phone #

4/25/02 501 248 5140

CR2E034B (12/01)