

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90378 048 \*\*\*150.00

0010239 AT

**DOCUMENT # P98000107191**

1. Entity Name

**TYPHOON SERVICES, INC.**

Principal Place of Business

Mailing Address

**4201 WESTGATE AVENUE  
 SUITE A-8  
 WEST PALM BEACH FL 33409**

**4201 WESTGATE AVENUE  
 SUITE A-8  
 WEST PALM BEACH FL 33409**

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

**65-0882639**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OGLESBY, ROBERT E  
 250 AUSTRALIAN AVE S  
 SUITE 1400  
 WEST PALM BEACH FL 33401**

Name

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

City

**FL**

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BENAVIDES, JOSE R**  
 CITY-ST-ZIP **18449 SPANISH ISLES COURT  
 BOCA RATON FL 33496**

TITLE ☐ Change ☒ Addition  
 NAME **DAVID B. GREENE SECT TRE**  
 STREET ADDRESS **4201 WESTGATE AVE SUITE 8A**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CHEEVER, JAMES E**  
 CITY-ST-ZIP **1420 PALM CIRCLE  
 WEST PALM BEACH FL 33406**

TITLE ☐ Change ☒ Addition  
 NAME **V. P. STEPHEN BURRIS**  
 STREET ADDRESS **4201 WESTGATE AVE SUITE 8A**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:**

*David B. Greene*

**DAVID B. GREENE SECT PRES. 561 248 5142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/20/03**

Daytime Phone #

CR2E034 (9/01)