2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900040418 1. Entity Name STORM'FORCE CONSTRUCTION CORP.								Aug 30, 2000 8:00 an Secretary of State 08-17-2000 90572 021 ***550.00						
Principal Place	e of Busines	s	Mailing Add	iress										
18302 SW 6771 ARCHER FL 32														
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2. Principal Place of Business			3. Mailing A	Mailing Address						18 01 e e nu e e nu	HAN AAN EES		1801 SEST 1801	
Suite, Apt. #, etc.			Sulte, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						-
City & State			City & State					4. FEI N.	mber - 357	7559	7	<u> </u>	plied For x Applicable	1
Zip	Country		Zip	Coun		try		5. Certificate of Status Desired			п. \$	\$8.75 Additional Fee Regulred		
<u></u>	6. Name	and Address of Current F	l legistered Ag	ent				7. Name	and Addre	ss of New Ri				
610		E.			Name							-		
	RM, JEFFR 12 SW 67T			_ •	Street Address (P.O. Box Number is Not Acceptable)					<u> </u>				
	HER FL 32			ŀ					····					1
		1			FL Zip Cod		9							
i 8. The above named entity submits this statement for the purpose of changing its re						ed office or	r registere:	d agent, o	both, in the	State of Flo		1		†
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SIGNATURE _	Signature, typed	or printed name of registered agent a	nd toe if applicable.	(NOTE:	Registere	d Agent signat	ture required w	tron reinstating	i)		DATE	_		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After SEPTEMBER 13, Make Check Payable						Min. will	be \$750.	00 }		ampaign Fina Contribution			O May Be I to Fees	
11.		OFFICERS AND D	DIRECTORS	<u>. </u>	12.		T 21 F 2	ADDITIO	NS/CHANG	ES TO OFFI				
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indicated of the con	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: SIGNATURE: SIGNATURE: SIGNATURE: Disputation of the corporation of the certify that the information stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report of supplier or supplier or director of the same legal effect as if made under oath; that I am an officer or director of the corporation of 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: SIGNATURE: Disputation of 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 in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if changed in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 60													
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