

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077450

1. Entity Name

HURRICANE IMPACT TECHNOLOGY CORPORATION

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90010 027 \*\*\*550.00

Principal Place of Business

9024 2ND STREET NORTH  
SAINT PETERSBURG FL 33702

Mailing Address

9024 2ND STREET NORTH  
SAINT PETERSBURG FL 33702

2. Principal Place of Business

528 Humphries Rd.

3. Mailing Address

528 Humphries Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-3594930

Applied For

Not Applicable

Zip

34695

Country

USA

Zip

34695

Country

USA

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

~~SPIEGEL & UTRERA, P.A.~~

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Shannon Mitchell

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

528 Humphries Rd.

City

Safety Harbor

FL

Zip Code

34695

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

9.11.00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PSTD ☒ Delete  
NAME MITCHELL, SHANNON D  
STREET ADDRESS 9024 2ND STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE President ☒ Change ☐ Addition  
NAME Mitchell, Shannon D.  
STREET ADDRESS 528 Humphries Rd.  
CITY-ST-ZIP Safety Harbor, FL 34695

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

Shannon D. Mitchell

9.11.00

727-712-0485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)