

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098478

1. Entity Name

NATIONWIDE HURRICANE & SECURITY SHUTTER SUPPLY, *p*

Principal Place of Business

16573 128 TRAIL NORTH
JUPITER FL 33478

Mailing Address

16573 128 TRAIL NORTH
JUPITER FL 33478

2. Principal Place of Business

4337 SW Portway H337 SW Port Way

3. Mailing Address

4337 SW Port Way

City & State

Palm City, FL
Zip 34990 Country

City & State

Palm City, FL
Zip 34990 Country

4. FEI Number

05-0969638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, JOHN FENN
501 SOUTH FLAGLER DRIVE, STE. 305
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 \$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

TITLE D
NAME MCDONALD, PAUL
STREET ADDRESS 16573 128 TRAIL NORTH
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE D
NAME SPINE, MICHAEL
STREET ADDRESS 520 ENFIELD ROAD
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE D
NAME SCHER, MARK
STREET ADDRESS 7613 BRIAR CLIFF CIR.
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE D
NAME SCHAEFER, JOHN
STREET ADDRESS 3906 FARIWAY DR. N.
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: *Paul McDonald* PRES. (PAUL McDonald Pres)

5-11-00 (601) 29-2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-001 (5/00)