

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90497 048 ***150.00

DOCUMENT # F97000006857

1. Entity Name

PERFORMANCE DOOR AND HARDWARE, INC.



Principal Place of Business

**400 E. PIONEER DRIVE
IRVING TX 75061**

Mailing Address

**PO BOX 177667
IRVING TX 75017-7667**

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

75-2544554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FULLER & HOLSONBACK, P.A.
100 N. TAMPA ST., #2650
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAUTZMAN, JAY	
STREET ADDRESS	5749 JOSHUA	
CITY-ST-ZIP	MANSFIELD TX 76063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOHNNY JR	
STREET ADDRESS	5417 LEEWAY	
CITY-ST-ZIP	DALLAS TX 75326	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BULLOCK, GLEN C	
STREET ADDRESS	16 AVENUE TWENTY	
CITY-ST-ZIP	TROPHY CLUB TX 76262	
TITLE	VTDC	<input type="checkbox"/> Delete
NAME	BAMBULE, JAMES A	
STREET ADDRESS	2905 FORESTWOOD DR.	
CITY-ST-ZIP	ARLINGTON TX 76006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Byington	
STREET ADDRESS	2205 NW 6th St.	
CITY-ST-ZIP	Cape Coral, FL 33993	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Hawxhurst	
STREET ADDRESS	2513 Seven Hills Drive	
CITY-ST-ZIP	Grand Prairie, TX 75052	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

972-721-1944

Daytime Phone #

CR2034 (10/02)