

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

0043096 AV

02-27-2002 90015 030 ***150.00

DOCUMENT # P01000073761

1. Entity Name
NEW SOUTH DOORS, INC.

Principal Place of Business Mailing Address
1833 HALSTEAD BLVD., APT. 1105 **1833 HALSTEAD BLVD., APT. 1105**
TALLAHASSEE FL 32308 **TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3736761 Not Applicable

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							
RIVERS, MICHAEL MOORE JR 1833 HALSTEAD BLVD., APT. 1105 TALLAHASSEE FL 32308				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 Michael M Rivers Jr. Michael M Rivers Jr. 2/18/02
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. **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P/T			
NAME		NAME		Michael Moore Rivers Jr.			
STREET ADDRESS		STREET ADDRESS		1833 Halstead Blvd. # 1105			
CITY - ST - ZIP		CITY - ST - ZIP		Tallahassee, FL 32308			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP/S			
NAME		NAME		Jamey Elizabeth Peugh			
STREET ADDRESS		STREET ADDRESS		1833 Halstead Blvd #1105			
CITY - ST - ZIP		CITY - ST - ZIP		Tallahassee, FL 32308			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		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: Michael M Rivers Jr. Michael M Rivers Jr. 2/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)