FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099791

1. Entity Name

SIGNATURE

FILED May 14, 2002 8:00 am Secretary of State

05-14-2002 90277 019 ***150.00

DO NOT WRITE IN THIS SPACE

NORTH FLORIDA DOOR & HHARDWARE, INC.

3. Mailing Address 1213 American Eagle Lane 1213 American Eagle Lane Suite, Apt. #, etc. Suite, Apt. #, etc.

656882

DO NOT WRITE IN THIS SPACE

DATE

| | | | | | | | OIAOL |
|---------------|--------------------------|---------------|---------|--------|----------------------------------|---|----------------------------------|
| Jacksonville, | FL | Jacksonville, | FL | : | 4. FEI Number 59-3750590 | | Applied For |
| Zip 32225 | Country United States | Zip | Country | | 5. Certificate of Status Desired | | Not Applicable \$8.75 Additional |
| | oniced states | 32225 | United | States | S. Certificate of Status Desired | Ш | Fee Required |

DO NOT WRITE IN THIS SPACE

| 7. Name and Address of Current R | 7. Name and Address of Current Registered Agent | | | | | | |
|--|---|---|---|--|--|--|--|
| Name William J Fail- | | - | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | : | | | | |

1213 American Eagle Lane Jacksonville

| ο. | 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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150 00 After May 1 Fee is \$550 00 Amended UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating)

Election Campaign Financing

\$5.00 May Be

| (See crite | ria on back) Make Check Payable | to Department of State | Trust Fund Contribution. | | Added to Fees |
|-------------------------------|---------------------------------|--|--|--------------------|--|
| 11. | OFFICERS AND DIRECTORS | | And Principles A Society Services | | |
| TITLE | PSTD | mie it The week | | 建 氯[[]] | 的原理关系的主 |
| NAME | Fail, William J. | NAME - 1 | | | |
| STREET ADDRESS | 1213 American Eagle Lane | STREET ADDRESS | i processi de la companya de la | n = 361 | 15 3 Maria 200 and |
| CITY-ST-ZIP | Jacksonville, FL 32225 | CITY-ST-ZIP | | | and the second second |
| TITLE | VD | Interior | Survey of the state of the stat | 46.00 | A CONTRACTOR OF THE CONTRACTOR |
| NAME | Arzie, Mark | · "我们是一个人们的,我们就是一个人的,我们就是一个人的。" "我们是这种的,我们就是一个人的。" "我们是一个人的,我们就是一个人的,我们就是一个人的,我们就 | | And the Mark | |
| STREET ADDRESS | 1555 Dolphin Road | NAME / STATE AND | | | |
| CITY-ST-ZIP | Tackgonsilla III 20000 | STREET ADDRESS | Salah Balanca Balanca | garage d | |
| TITLE | Jacksonville, FL 32220 | CITY-ST-ZIP | | | |
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| STREET ADDRESS | | NAME | | de la | |
| CITY-ST-ZIP | | STREET ADORESS | DO NOT WE |) i i i i | |
| TITLE | | CITY-ST-ZIP Y | DO NOT WE | CILLE | |
| NAME | · | TITLE | INTLICED | | A MARKET PROPERTY |
| STREET ADDRESS | | NAME | IN THIS SPA | \UE | et a de la companya |
| CITY-ST-ZIP | | STREET ADDRESS | | | |
| TITLE | | CITY-ST-ZIP | | | |
| NAME | • | mile and the second | For a Secretary | 3000 | |
| STREET ADDRESS | | NAME 3 | | 11 | |
| CITY-ST-ZIP | | STREET ADDRESS | TO DESCRIPTION OF THE PARTY | rect. gry | |
| | | CITY-ST-ZIP | | | |
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| NAME STREET ASSESSO | | NAME! | | | |
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| | | CITY_ST-ZIP | and the state of the state of the state of | 3.516.6 | Part Self Res Could be |
| 13 hereby oc | artiful that the life and the | 1000 1000 1000 1000 1000 1000 1000 100 | NAME OF THE ONE OF THE PROPERTY OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI | COST TO MY TO MAKE | · 100 |

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 of the corporation or the receiver or trustee expowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

William J. Fail

904 241-2533