

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

05-14-2002 90277 019 \*\*\*150.00

DOCUMENT # P01000099791

1. Entity Name

NORTH FLORIDA DOOR & HARDWARE, INC.

**DO NOT WRITE IN THIS SPACE**

656882

2. Principal Place of Business  
1213 American Eagle Lane  
Suite, Apt. #, etc.

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

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number  
59-3750590  
Applied For  
Not Applicable

Zip  
32225  
Country  
United States

Zip  
32225  
Country  
United States

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

City Jacksonville FL Zip Code 32225

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 \_\_\_\_\_ (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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME PSTD  
STREET ADDRESS Fail, William J.  
CITY-ST-ZIP 1213 American Eagle Lane  
Jacksonville, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME VD  
STREET ADDRESS Arzie, Mark  
CITY-ST-ZIP 1555 Dolphin Road  
Jacksonville, FL 32220

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

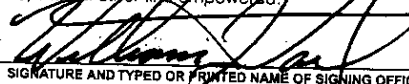
TITLE  
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CITY-ST-ZIP

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 on an attachment with an address, with all other filers empowered.

SIGNATURE:  William J. Fail 4/26/02 904 241-2533

CR2E034B (12/01)