

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079274

1. Entity Name

SUNTECH DOORS, INC.

Principal Place of Business

6681 33RD STREET EAST
SARASOTA FL 34243

Mailing Address

6681 33RD STREET EAST
SARASOTA FL 34243

2. Principal Place of Business

1633 NORTHGATE BLVD

3. Mailing Address

1633 NORTHGATE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34234-2117 USA

Zip

34234-2117 USA

Country

Country

4. FEI Number

65-0863071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, DAVID J
2103 OUTER DRIVE
SARASOTA FL 34231

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

02-02-01

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 \$150.00

After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TS
CROWLEY, DAVID J
2103 OUTER DRIVE
SARASOTA FL 34231

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HEATH, DONALD E
620 S. CASEY ROAD
NOKOMIS FL 34275

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STREET ADDRESS
CITY-ST-ZIP

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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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/01

Date

941 351-5529

Daytime Phone #

054987

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE