

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248726

1. Entity Name

OVERHEAD DOOR COMPANY OF SARASOTA

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90143 006 \*\*\*150.00

Principal Place of Business

1249 STRINGFIELD AVE.  
 SARASOTA FL 34237  
 US

Mailing Address

1249 STRINGFIELD AVE.  
 SARASOTA FLA 34237-3037  
 US

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 **59-6073256**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGINNESS, W L  
 1800 SECOND STREET  
 SUITE 971  
 SARASOTA FL 34236

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

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, 2000 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 PD  
 NAME STOTTEMYER, DAVID E  
 STREET ADDRESS 1500 RIDGEWOOD LANE  
 CITY-ST-ZIP SARASOTA FL  
 change office ☐ Delete

TITLE Vice-President  
 NAME Director  
 STREET ADDRESS David Stottlemeyer  
 CITY-ST-ZIP \*\*Same Address  
☒ Change ☐ Addition

TITLE S  
 NAME STOTTEMYER, MARY  
 STREET ADDRESS 1500 RIDGEWOOD LANE  
 CITY-ST-ZIP SARASOTA FL  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE VPD  
 NAME STOTTEMYER, SCOTT  
 STREET ADDRESS 4285 ARROW AVE.  
 CITY-ST-ZIP SARASOTA FL  
 change office ☐ Delete

TITLE now is President  
 NAME Director  
 STREET ADDRESS 4822 Hoyer Dr.  
 CITY-ST-ZIP Sarasota, FL 34241  
☒ Change ☐ Addition

TITLE V  
 NAME CROCKER, ROBIN  
 STREET ADDRESS 4228 DRYDEN CIRCLE  
 CITY-ST-ZIP SARASOTA FL 34241  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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

Date

Daytime Phone #

4-24-00 (941) 955-8343

CR2E034 (9/99)