

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005998 AT

DOCUMENT # A02000001483



FILED
03 MAY -6 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NJH



1. Entity Name COLUMBIA DOOR COMPANY, LTD.	
Principal Place of Business PO BOX 2613 LAKE CITY FL 32056	Mailing Address PO BOX 2613 LAKE CITY FL 32056

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

DUE BY MAY 1, 2003	
4. FEI Number 22-3881161	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COOKE, CHANCE R
RT 9 BOX 574
LAKE CITY FL 32024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,500.00	10. Amount of Capital Contributions in FLORIDA to date. 2,500	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COOKE, CHANCE R RT. 9 BOX 574 LAKE CITY FL 32024
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COOKE, DEAN K RT. 9 BOX 574 LAKE CITY FL 32024
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900018030729
CITY-ST-ZIP	05/06/03--01006--014 **150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **4-21-03** **386-755-7713**
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE