

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002477

1. Entity Name

AUTOMATIC DOOR SYSTEMS, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90016 035 ***550.00

Principal Place of Business

~~2180 THIRD AVE~~
~~MANDEVILLE LA 70471~~
~~65~~

Mailing Address

P.O. BOX 397
MANDEVILLE LA 70470-0397

2. Principal Place of Business

1925 HARRY LEWIS RD.

3. Mailing Address

Suite, Apt. #, etc.

#105

City & State

MANDEVILLE, LA

City & State

Zip

70448

Country

Zip

Country

4. FEI Number

72-1128724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
DP
MARTINEZ, JAVIER JR.
16162 INDIAN POINT DRIVE
MANDEVILLE LA 70447 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MARTINEZ, JEAN
1002 LIVE OAK LOOP
MANDEVILLE LA 70448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
MARTINEZ, JAVIER SR.
1002 LIVE OAK LOOP
MANDEVILLE LA 70448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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
67235 Thackery St.
MANDEVILLE, LA 70448 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
67225 Thackery St.
MANDEVILLE, LA 70448 ☒ Change ☐ Addition

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/11/00

504-624-5278

CR2E034 (5/00)