2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 20, 2002 8:00 am Secretary of State F93000005176 DOCUMENT # 1. Entity Name 05-20-2002 90074 030 ***150.00 B & W DOOR SALES, INC. Mailing Address Principal Place of Business 3705 W. 73RD AVENUE 3705 W. 73RD AVENUE WESTMINSTER CO 80030 WESTMINSTER CO 80030 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 84-1034742 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nam (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)☐ Change Addition PCT ☐ Delete TITLE TITLE NAME BELL, STEVEN K NAME CR2E034 STREET ADDRESS 7025 W. 105TH AVENUE STREET ADDRESS **BROOMFIELD CO** CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME WILKINSON, ROBERT C 4775 W. 102ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTMINSTER CO CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED

Daytime Phone #