

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
 02-20-2002 90126 026 ***150.00

DOCUMENT # F97000002961

Entity Name
MID AMERICA DOOR COMPANY

Principal Place of Business
**001 W. HARTFORD
 PONCA CITY OK 74601**

Mailing Address
**1001 W. HARTFORD
 PONCA CITY OK 74601**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 73-1374233		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent C T 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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
FILE NAME	PD NEYLON, JOHN J 2104 DONNER DR. PONCA CITY OK 74604	<input type="checkbox"/> Delete	TITLE NAME	Director NEYLON John J 2104 Donner Dr Ponca City, OK 74604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME	V EARNST, JOHN 1204 PEPPERDINE AVE. EDMOND OK 73013	<input type="checkbox"/> Delete	TITLE NAME	Promoter EARNST John 1204 Pepperdine Ave Ponca City, OK 74604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME	S WESTFIELD, JOHN 712 E. OVERBROOK PONCA CITY OK 74601	<input type="checkbox"/> Delete	TITLE NAME	Vice President/Secretary WESTFIELD, John 712 E. Overbrook Ponca City, OK 74601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME	D BARTLETT, FRANK 95 RIVERSIDE DR. PONCA CITY OK 74604	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME	D BENTON, DOYLE 30640 DEERFIELD TERRACE BULVERDE TX 78163	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME	D COLLOGAN, CLEMENT 72 STONERIDGE PONCA CITY OK 74604	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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 powers empowered.

SIGNATURE: [Signature] **REQUIRED** John Westfield 1-17-02 (80) 765-9994
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)