

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12407

1. Entity Name

AMERICAN ROLL-UP DOOR COMPANY

Principal Place of Business

10501 ROCKET BOULEVARD  
ORLANDO FL 32824

Mailing Address

10501 ROCKET BOULEVARD  
ORLANDO FL 32824-8513

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

YOUNG, JAMES  
10501 ROCKET BOULEVARD  
ORLANDO FL 32824

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 \$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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	WIEMER, IRVIN J	
STREET ADDRESS	10501 ROCKET BLVD.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WANSLEY, MICHAEL	
STREET ADDRESS	10501 BOCKET BLVD.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES F	
STREET ADDRESS	10501 ROCKET BLVD.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LARGER, JOHN	
STREET ADDRESS	10501 ROCKET BLVD.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90132 036 \*\*\*150.00

902915



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2236400**

Applied For  
- Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)