| DUCOUNTENT # GIABOT AMERICAN ROLL-UP DOOR COMPANY Proceed Place of Business AMERICAN ROLL-UP DOOR COMPANY AMERICAN ROLL-UP DOOR COMPANY Proceed Place of Business AMERICAN ROLL-UP DOOR COMPANY AMERIC | _2(| 005 FOR PROF ANNUAL F | IT CORPOR | | FILED Jul 25, 2005 8:00 am | |
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| Zie Country Zie Country S. Certificate of Satus Desired Note that Special Society 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent YOUNG, JAMES 10501 ROCKET BOULEVARD Name Name Street Address (P.O. Box Number is Net Acceptable) ORLANDO FL 32824 City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable) Otf SIGNATURE The HOW!!! FEE IS \$150.00 Name 9. Electon Campaign Financing S5.00 May Make Check Psyable to Florida Department of State Intit ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITONS/CHANGES TO OFFICERS AND RECTORS IN 11. Added Fees 10. | | | | | 1st MOORE CR2E034 (10/04) | |
| | · | | | | 4. FEI Number 59-2236400 Applied For Not Applicable | |
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| 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 acce SIGNATURE SIGNATURE Signature, typed arment once in registered agent addies a systelable (In CER Registered Agent support request wave require) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. NAME SIGNATORE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANCES TO OFFICER | 105 | 501 ROCKET BOULEVARD | | Street Address | (P.O. Box Number is Not Acceptable) | |
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| 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. | CITY-SI-ZIP | certify that the information supplied with | h this filing does not qualify for | CITY-ST-ZIP | ection 110 07/31/i) Florida Statutes I further cortific that the information | |
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| / Usit// Daving Phone I | SIGNATURE: JAmes Youn - 11500 | | | | | |