2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002
Secretary of State

DOCUMENT# G25322

Entity Name: THE DOOR DOCTOR OF SOUTH FLORIDA INC.

Current Principal Place of Business:

% MICHAEL CHICHELLI
1188 NE 47TH ST., OAKLAND PK.
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

% MICHAEL CHICHELLI
1188 NE 47TH ST., OAKLAND PK.
FT. LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 59-2266033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHICHELLI, MICHAEL
1188 NE 47TH ST., OAKLAND PK.
FT. LAUDERDALE, FL US

Name and Address of New Registered Agent:

CHICHELLI, MICHAEL
1188 NE 47TH ST., OAKLAND PK.
FT. LAUDERDALE, FL 33334 US

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: _____ 09/11/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: RANDAZZO, SALVATORE,
Address: 23195 SW 61 AVE
City-St-Zip: BOCA RATON, FL

Title: ST ( ) Delete
Name: RANDAZZO, CINDY
Address: 6984 NW 7 CT
City-St-Zip: MARGATE, FL 33063

Title: P ( ) Delete
Name: CHICHELLI, MICHAEL
Address: 1719 NE 58 ST.
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: RANDAZZO, SALVATORE,
Address: 23195 SW 61 AVE
City-St-Zip: BOCA RATON, FL 33428

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CHICHELLI, MICHAEL
Address: 1719 NE 58 ST.
City-St-Zip: FT. LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CHICHELLI PRES 09/11/2002
Electronic Signature of Signing Officer or Director — Date