

DOCUMENT # H62058			
<b>1. Entity Name</b> ATLANTIC GARAGE DOORS, INC.			
<b>Principal Place of Business</b> 1139 OLD DIXIE HWY LAKE PARK FL 33403 US		<b>Mailing Address</b> 1139 OLD DIXIE HWY LAKE PARK FL 33403 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent			
KENNET, DWIGHT S. 2070 MOCKINGBIRD LANE NORTH PALM BEACH FL 33408		Name	
		Street Address (if different from above)	
		City	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>			
SIGNATURE _____		(NOTE: Registered Agent signature required)	
Signature, typed or printed name of registered agent and title if applicable			
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			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	KENNET, DWIGHT S.		
STREET ADDRESS	2070 MOCKINGBIRD LANE		
CITY - ST - ZIP	NORTH PALM BEACH FL 33408		
TITLE		<input type="checkbox"/> Delete	
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1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-2576048</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

KENNET, DWIGHT S.  
2070 MOCKINGBIRD LANE  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

INDEX

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNET, DWIGHT S.	
STREET ADDRESS	2070 MOCKINGBIRD LANE	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	

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

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

TITLE	<input type="checkbox"/> Delete
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CITY - ST - ZIP	

NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

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

FILE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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
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STREET ADDRESS		
CITY-STATE-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		

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone #