

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # H73428**1. Entity Name  
VENTURE DOOR & TRIM, INC.

## Principal Place of Business

440 ROBERTS ROAD

OLDSMAR  
34677

FL

## Mailing Address

440 ROBERTS ROAD

OLDSMAR  
34677

FL

## 2. Principal Place of Business

## 3. Mailing Address

4403 BLAND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

RALEIGH

NC

Zip

Country

Zip

Country

27609

## 4. FEI Number

59-2577859

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.PLANTATION  
33324

US

FL

## 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)

03/07/2001

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PDS	<input type="checkbox"/> Delete
NAME	SCHEUBLEIN, JERRY	
STREET ADDRESS	8711 LAND O LAKES BLVD.	
CITY-ST-ZIP	LAND O LAKES FL 34639	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'HALLORAN DAVID WMR		
STREET ADDRESS	4403 BLAND ROAD		
CITY-ST-ZIP	RALEIGH NC 27609		
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBINETTE GARY EMR		
STREET ADDRESS	4403 BLAND ROAD		
CITY-ST-ZIP	RALEIGH NC 27609		
TITLE	PDS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORD FENTON NMR		
STREET ADDRESS	4403 BLAND ROAD		
CITY-ST-ZIP	RALEIGH NC 27609		
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:** David W O'Halloran

VST

03/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)