2003 FOR PROFIT CORPORATION

May 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** J53075 DOCUMENT # 1. Entity Name 05-07-2003 90162 031 ***150.00 COMMERCIAL DOOR AND HARDWARE COMPANY, INCORPO ED Principal Place of Business Mailing Address 4100 N POWERLINE RD 4100 N POWERLINE RD STE C4 STE C4 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 2. Principal Place of Business 3. Mailing Address TO AUR 020 N.W. <u>5030 N.W</u> Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES <u> 2017</u>E <u>5012</u> City & State City & State 4. FEI Number Applied For 59-2803631 UNRISE RURN OA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEHRENS, STEVE J Street Address (P.O. Box Number is Not Acceptable) -4100 N-POWERLINE ROAD_ STE C4 POMPANO BEACH FL 33073. 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete BEHRENS. STEVE JR NAME NAME 5030 N.W. 109 1 AVG. 4100 N POWERLINE RD, STE C4 STREET ADDRESS STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7/P TITLE Delete TITLE Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP