

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47512

1. Entity Name

ARCHITECTURAL DOOR & HARDWARE, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90025 001 \*\*\*150.00

KU041330



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O VINCENT COLLETTI  
1919 SOUTH FIRST STREET  
LAKE CITY FL 32025  
US

C/O VINCENT COLLETTI  
1919 SOUTH FIRST STREET  
LAKE CITY FL 32137-3849  
US

2. Principal Place of Business

3. Mailing Address

1 FLORIDA PARK DRIVE SOUTH

1 FLORIDA PARK DRIVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 330

SUITE 330

City & State

City & State

PALM COAST, FLORIDA

PALM COAST, FLORIDA

Zip

Country

Zip

Country

32137

USA

32137

USA

4. FEI Number

59-2915816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLETTI, VINCENT  
1919 S. FIRST STREET  
LAKE CITY FL 32025

Name

Street Address (P.O. Box Number is Not Acceptable)

1 FLORIDA PARK DRIVE SOUTH

SUITE 330

City

PALM COAST

FL

Zip Code

32137

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

PD  
COLLETTI, VINCENT  
1919 S. FIRST STREET  
LAKE CITY FL

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TD  
COLLETTI, NORINE  
1919 S. FIRST STREET  
LAKE CITY FL

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1 FLORIDA PARK DRIVE SOUTH SUITE 330  
PALM COAST, FLORIDA 32137

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1 FLORIDA PARK DRIVE SOUTH SUITE 330  
PALM COAST, FLORIDA 32137

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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:

NORINE COLLETTI NORINE COLLETTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-447-8234

CR2E034 (9/99)