2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # L34247 1. Entity Name GENERAL GARAGE DOOR CO., INC. 04-26-2001 90301 017 ***150.00 Principal Place of Business Mailing Address 5710 COLUMBIA CIRCLE 5710 COLUMBIA CIRCLE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0172203 Not Applicable Zip Country Country \$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 KUBIAK, SUSAN W. Street Address (P.O. Box Number is Not Acceptable) 5710 COLUMBIA CIRCLE **WEST PALM BEACH FL 33407** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TULE ☐ Change Addition KUBIAK, JOHN K. NAME STREET ADDRESS 5710 COLUMBIA CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BCH FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KUBIAK, SUSAN W. NAME NAME 5710 COLUMBIA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BCH FL 33407 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition KUBIAK, PAUL K. NAME 5710 COLUMBIA CIRCLE STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 TIZLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SUSAN W. KUBIAK 4/18/01 561-844-6145 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR