

2000 UNIFORM BUSINESS REPORT (UBR)

0007258 AF

DOCUMENT # L99000004029

1. Entity Name
AUTOMATIC DOOR TECHNOLOGY COMPANY, L.L.C.

FILED

00 MAR 23 PM 3: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6251-B PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

Mailing Address
6251-B PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487-8232

2. Principal Place of Business
~~6251-B PARK OF COMMERCE BLVD NW~~
Suite, Apt. #, etc.

3. Mailing Address
~~6251-B PARK OF COMMERCE BLVD NW~~
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Same* City & State *Same*

Zip Country Zip Country

4. FEI Number **65-0906121** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FENNER, JOHN P
6251-B PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MGR		STREET ADDRESS	600003198396--2	
CITY - ST - ZIP	VERTISYS INTERNATIONAL, INC.		CITY - ST - ZIP	-04/06/00--01065--025	
	6251-B PARK OF COMMERCE BLVD NW			*****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BOCA RATON FL 33487			SL	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, TIMOTHY P		NAME		
STREET ADDRESS	6251-B PARK OF COMMERCE BLVD NW		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33487		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Timothy P O'Donnell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/19/00 (561) 994-4882
Date Daytime Phone

CR2E083 (9/99)