

DOCUMENT # 000072
1. Entity Name
ROLLING DOOR COMPANY, INC.



Principal Place of Business
6741 W SUNRISE BLVD.
STE. 27
PLANTATION, FL 33313

Mailing Address
6741 W SUNRISE BLVD.
STE. 27
PLANTATION, FL 33313

FILED
Mar 02, 2007 08:00 AM
Secretary of State



02262007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0079353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRIGGERS, WILLIAM
6741 W SUNRISE BLVD.
STE. 27
PLANTATION, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BIRHANZI, BRIAN
STREET ADDRESS	6741 W SUNRISE BLVD., STE. 27
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	DVP
NAME	DRIGGERS, WILLIAM
STREET ADDRESS	6741 W SUNRISE BLVD., STE. 27
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80029-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered.

SIGNATURE: B. Brian Bishanzl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07
Date

954-327-0623
Daytime Phone #