

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90012 026 ****50.00

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DOCUMENT # M99000000184

1. Entity Name
U.S. DOOR & BUILDING COMPONENTS, L.L.C.



Principal Place of Business Mailing Address
2706 REW CIRCLE, SUITE 200 **10221 ROCKET BLVD**
OCOOEE FL 34761 **ORLANDO FL 32824**

2. Principal Place of Business 3. Mailing Address
10407 ROCKET BLVD; Suite, Apt. #, etc.

City & State City & State
ORLANDO, FL **ORLANDO, FL**

Zip Country Zip Country
32824 **ORANGE**

4. FEI Number **59-3522822** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MCLANE, JOHN L
~~**2706 REW CIRCLE, SUITE 200**~~ **10407 Rocket Blvd,**
~~**OCOOEE FL 34761**~~ **Orlando, FL, 32824**

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. I am familiar with, and accept the obligations of registered agent. **John L. McLane**

SIGNATURE _____ DATE **3/31/03**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCLANE, JOHN L 2706 REW CIRCLE, SUITE 200 10407 Rocket Blvd OCOOEE FL 34761 Orlando, FL, 32824 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McLane, John L 10407 Rocket Blvd Orlando, FL 32824 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOLTSCHLAG, S.E. 650 ROSEWOOD DRIVE COLUMBIA SC 29202 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CORDS, CHIP 2706 REW CIRCLE, SUITE 200 10407 Rocket Blvd OCOOEE FL 34761 Orlando, FL, 32824 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR Cords, Chip 10407 Rocket Blvd Orlando, FL 32824 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WISE, JIM 650 ROSEWOOD DR. COLUMBIA SC 29202 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PANICO, JAMES P 111 SOUTH MAITLAND AVE., SUITE 100 MAITLAND FL 32751-5698 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

John L. McLane

SIGNATURE: _____ DATE **3/31/03** DAYTIME PHONE # **407-859-6770**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)