

**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

0051317

**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**  
**OCOOE 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,**  
~~**OCOOE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MCLANE, JOHN L</b> <del><b>2706 REW CIRCLE, SUITE 200</b></del> <b>10407 Rocket Blvd</b> <del><b>OCOOE FL 34761</b></del> <b>Orlando, FL, 32824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>HOLTSCHLAG, S.E.</b> <b>650 ROSEWOOD DRIVE</b> <b>COLUMBIA SC 29202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CORDES, CHIP</b> <del><b>2706 REW CIRCLE, SUITE 200</b></del> <b>10407 Rocket Blvd</b> <del><b>OCOOE FL 34761</b></del> <b>Orlando, FL, 32824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WISE, JIM</b> <b>650 ROSEWOOD DR.</b> <b>COLUMBIA SC 29202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PANICO, JAMES P</b> <b>111 SOUTH MAITLAND AVE., SUITE 100</b> <b>MAITLAND FL 32751-5698</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>McLane, John L</b> <b>10407 Rocket Blvd</b> <b>Orlando, FL 32824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGR</b> <b>Cordes, Chip</b> <del><b>2706 REW CIRCLE, SUITE 200</b></del> <b>10407 Rocket Blvd</b> <del><b>OCOOE FL 34761</b></del> <b>Orlando, FL 32824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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)