

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90242 036 \*\*\*\*61.25

<b>DOCUMENT # N00000001797</b>			
1. Entity Name <b>AN ALWAYS OPEN DOOR INC</b>			
Principal Place of Business <b>131 MARITIME DR. SANFORD FL 32771-9998</b>		Mailing Address <b>131 MARITIME DR. SANFORD FL 32771-9998</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MURPHY, ARTHUR J JR 131 MARITIME DR. SANFORD FL 32771-9998 9998</b>		7. Name and Address of New Registered Agent Name: <b>[REDACTED]</b> Street Address (P.O. Box Number is Not Acceptable): <b>[REDACTED]</b> City: <b>[REDACTED]</b> FL Zip Code: <b>[REDACTED]</b>	
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: <u><i>Arthur J. Murphy Jr.</i></u> DATE: <u>5-02-01</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Treasurer Richard GROSSMAN 10-1 HAEFRONI STREET MEVASSERET ZIYYON, ISRAEL 90805 ZIP</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V. President/Secretary NANCY GROSSMAN 10-1 HAEFRONI STREET MEVASSERET ZIYYON, ISRAEL 90805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director ARTHUR J. MURPHY JR. 7462 Appella Dr. SANFORD, FL. 32771</b>	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
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
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



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1027883** Applied For ☐ Not Applicable ☐

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

CR2E037 (10/00)

12. 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 617, 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: *SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/2/01 Daytime Phone # 407 328 9900