

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90308 046 ***150.00

FORM 920 4V

DOCUMENT # P00000003263

1. Entity Name
BEYOND DOORS & HARDWARE, INC.



Principal Place of Business
5510-10 PHILLIPS HWY.
JACKSONVILLE FL 32207

Mailing Address
5510-10 PHILLIPS HWY.
JACKSONVILLE FL 32207

2. Principal Place of Business
11536 OAK PK DR

3. Mailing Address
SAME

Suite, Apt. #, etc.
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32225

Country
USA

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3618636

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. ANGELO, JOHN
5510-10 PHILLIPS HWY.
JACKSONVILLE FL 32207

Name
Mark E. Duncan
Street Address (P.O. Box Number is Not Acceptable)
11536 OAK PK DR
JACKSONVILLE, FL
City
JACKSONVILLE, FL
Zip Code
32225

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. ANGELO, JOHN 5510-10 PHILLIPS HWY. JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, MARK E. 11536 OAK PK DR JACKSONVILLE, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)