2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P00000029096 DOCUMENT

1. Entity Name

SIGNATURE

10.

TITLE

NAME

ALL DADE DOOR, INC.



Mar 19, 2003 8:00 am Secretary of State **FILED**

03-19-2003 90149 016 ***150.00

24275 SOUTHWEST HOMESTEAD FL 330	120TH AVENUE	Mailing Address 24275 SOUTHWEST HOMESTEAD FL 3300					
2. Principal Place of Business		3. Mailing Address		- I HERHOOD HIT COTH ORDIT ORDIT ORDIT ORDIT ORDIT ORDIT ORDIT SOUR SOUR SOUR BANK 1985			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-1000338	Applied For Not Applicable		
Zip	Country	ZIp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6.	Name and Address of Co	ırrent Registered Agent	7. Name and Address of New Registered Agent				
DONALDSON, BLAIR 24275 SW 120 AVE HOMESTEAD FL 33032			Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)			
HOMESTEAD FI	L 33U3Z		ĺ				

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

11.

TITLE

NAME

☐ Delete

Delete

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

DONALDSON, BLAIR

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

☐ Addition

Change

Zip Code

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	HOMESTEAD FL 33032		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY=ST=ZIP		elete	TITLE NAME STREET ADDRESS _CITY_ST_ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ D	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ D	elete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition