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## 2002 Uniform Business Report (UBR)

## Apr 11, 2002 8:00 am Secretary of State P00000033337 DOCUMENT # 1. Entity Name 04-11-2002 90658 025 \*\*\*150.00 C&S DOORS & HARDWARE, INC. Principal Place of Business Mailing Address 376 W. GRANT ST. 376 W. GRANT ST. ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 560069 DO NOT WRITE IN THIS SPACE uite, Apt. #, etc Applied For 4. FEI Number 59-3637827 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODS, T. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 731 N. GARLAND AVE., STE. 202 ORLANDO F.L 32801 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 F 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State : (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE ☐ Delete COURSEY, ROBERT S NAME NAME STREET ADDRESS 376 W. GRANT ST. STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DITLE TITLE SENECAL, PETER NAME NAME STREET ADDRESS STREET ADDRESS 376 W. GRANT ST. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.