

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91166 017 \*\*\*150.00

DOCUMENT # P00000045877

1. Entity Name

Florida DoorMasters Inc.

Principal Place of Business

Mailing Address

Lake City, Florida

P.O. Box 868  
 Lake City, FL 32056

771135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3655040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mark D. Disosway III  
 Corner of Belmont + Little Rd.  
 Lake City, FL 32024

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.

SIGNATURE Mark D. Disosway III

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

(NOTE: Registered Agent signature required when reappointing)

5/1/01

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
 (See criteria on back)

☐

FILE NOW!!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
 NAME Mark D. Disosway III  
 STREET ADDRESS Corner of Belmont + Little Rd.  
 CITY-ST-ZIP Lake City, FL 32024

☐ Delete

TITLE Vice President  
 NAME Michael P. Shaheen  
 STREET ADDRESS Little Rd.  
 CITY-ST-ZIP Lake City, FL 32024

☐ Delete

TITLE Vice President  
 NAME David M. Disosway  
 STREET ADDRESS Belmont + Little Rd., Corner of  
 CITY-ST-ZIP Lake City, FL 32024

☐ Delete

TITLE  
 NAME  
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 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: Mark D. Disosway III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01

(386) 754-1486

CR2E034 (11/00)