2001 UNIFORM BUSINESS REPORT (UBR)

4.

FILED
Jun 02, 2001 8:00 am
Secretary of State

04-30-2001 90385 012 ***150.00

DOCUMENT # P00000073015

1. Entity Name

P & L DOOR REPAIR, INC.

Principal Place of Business	Mailing Address
15721 NORTHSIDE DRIVE WEST JACKSONVILLE FL 32218	15721 NORTHSIDE DRIVE WEST JACKSONVILLE FL 32218

47728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5000 San Jose Blvd	5000 San Jose Blvd
Suite, Apt. #, etc. 134	Suite, Apt. #, etc. 134
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip 32207 Country US	Zip 32207 Country US

4. FEI Number 59-3660810 — 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
LLOYD, PAUL 15721 NORTHSIDE DRIVE WEST JACKSONVILLE FL 32218	Name Street Address (P.O. Box Number is Not Acceptable) 5000 San Jose Blvd #134 City Jacksonville FL Zip Code 32207

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 ✓ Paul Lloyd — 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Paul Bryan Lloyd 5000 San Jose Blvd #134 JAX, Fl 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary of Treasurer Victoria B. Lloyd 11 Northside Dr. S. #202 JAX, Fl 32218 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: ✓ Paul Lloyd — 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #