

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90573 020 ***150.00

DOCUMENT # P00000077982

1. Entity Name

RAYNOR GARAGE DOORS OF FLAGLER, INC.

Principal Place of Business

**12 BUNKER VIEW PLACE
 PALM COAST FL 32137**

Mailing Address

**12 BUNKER VIEW PLACE
 PALM COAST FL 32137**

2. Principal Place of Business

20 ENTERPRISE DR
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

BUNNELL FL

City & State

SAME

4. FEI Number

59-3662383

Applied For

Not Applicable

Zip

32110

Country

FLORIDA

Zip

32137

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LONG, ALAN D
 12 BUNKER VIEW PLACE
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name **LONG, CHRISTIAN**
 Street Address (P.O. Box Number is Not Acceptable) **5 BALLINGER LANE**
 City **PALM COAST** FL Zip Code **32137**

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

ALAN D LONG
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/14/02
 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, 2002 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LONG, ALAN D	
STREET ADDRESS	12 BUNKER VIEW PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	LONG, CHRIS	
STREET ADDRESS	12 BUNKER VIEW PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LONG, CHRISTIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 BALLINGER LANE	
STREET ADDRESS	PALM COAST FL 32137	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

ALAN D LONG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02
 Date Daytime Phone #

CR2E034 (9/01)