

FILED  
Jun 21, 2001 8:00 am  
Secretary of State

05-24-2001 90321 021 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114634  
1. Entity Name  
Southeastern Commercial Door, Inc.

JA

Principal Place of Business Mailing Address  
11551 NE 111th Avenue  
Archer, FL 32618

2. Principal Place of Business 3. Mailing Address  
11551 NE 111th Avenue 11551 NE 111th Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Archer, FL 32618 Archer, FL  
Zip 32618 Country USA Zip 32618 Country USA

4. FEI Number  Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Spiegel and Utrera, P.A.  
343 Almeria Avenue  
Coral Gables, FL 33134 USA

7. Name and Address of New Registered Agent  
Name Victor Accenturi  
Street Address (P.O. Box Number is Not Acceptable)  
11551 NE 111th Avenue  
City Archer, FL Zip Code 32618

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 DATE 4/30/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing.) DATE

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

10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JAMIE GRIFFIN 961 E. Hathaway Avenue Bronson, FL 32621 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Victor Accenturi 961 E. Hathaway Avenue Bronson, FL 32621 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Joayne Poque 961 E. Hathaway Avenue Bronson, FL 32621 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/STD ACCETURI, VICTOR 11551 NE 111th Avenue Archer, FL 32618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR20034 (1/1/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 affidavit, with all other files empowered.

SIGNATURE: DATE 4/30/2001 352-486-2229  
Signature and typed or printed name of signing officer or director. Date Daytime Phone