

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90187 022 ***158.75

DOCUMENT # P01000009452

1. Entity Name
YOULDEN GARAGE DOORS, INC.



Principal Place of Business
**3118 SE 19TH PL
CAPE CORAL FL 33904**

Mailing Address
**3118 SE 19TH PL
CAPE CORAL FL 33904**

2. Principal Place of Business
3610 SE 21ST AVE
Suite, Apt. #, etc.

3. Mailing Address
3610 SE 21ST AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL
Zip
33904
Country
LEE

City & State
CAPE CORAL FL
Zip
33904
Country
LEE

4. FEI Number **59-3694645**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAPTISTE, J. BARON
1215 SE 29TH TERR
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC TAYLOR, MICHAEL J 3118 SE 19TH PL CAPE CORAL FL 33904 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BAPTISTE, J. BARON 1215 SE 29TH TERR CAPE CORAL FL 33904 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3610 SE 21ST AVE CAPE CORAL FL 33904 | <input checked="" 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 |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/19/03 542-7933
Date Daytime Phone #

CR2E034 (10/02)