

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90141 045 \*\*\*150.00

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**DOCUMENT # P01000107225**

1. Entity Name  
**DOOR AND HARDWARE SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**1423 WAKEFIELD DRIVE 1423 WAKEFIELD DRIVE**  
**BRANDON FL 33511 BRANDON FL 33511**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number  
**59-3759588**

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**

**7. Name and Address of New Registered Agent**

~~SPRADLING, LISA M~~  
**1423 WAKEFIELD DRIVE**  
**BRANDON FL 33511**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Lisa M Spradling* **Lisa M Spradling** **3-25-02**  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARRISH, THOMAS R</b> <b>1423 WAKEFIELD DRIVE</b> <b>BRANDON FL 33511</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPRADLING, LISA M</b> <b>1423 WAKEFIELD DRIVE</b> <b>BRANDON FL 33511</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Secretary</b> <b>Treasurer</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CLIFFORD, ERIC</del> <del>16166 COMPTON PALMS</del> <del>Tampa, FL 33647</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Secretary</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(l), 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 powers.

SIGNATURE: *Lisa M Spradling*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-02 813-651-1425**

Date Daytime Phone #

CR2E034 (9/01)