

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90131 031 ***150.00

DOCUMENT # P01000109167

1. Entity Name
OPEN DOOR, INC.



Principal Place of Business
**583 JILLOTUS ST
MERRITT ISLAND FL 32952**

Mailing Address
**583 JILLOTUS ST
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

595 N. Courtenay Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Merritt Island, FL

Zip

Country

Zip

Country

32953

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIANCO, ROSALIE
595 ROBIN HOOD LAND
MERRITT ISLAND FL 32953**

Name **Bianco, Rosalie**

Street Address (P.O. Box Number is Not Acceptable)

595 N. Courtenay Pkwy

City **Merritt Island**

FL

Zip Code **32953**

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

3/17/03

FILE NOW!!! FEES \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|------------------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D DI PASQUALE, DOMINICK | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 583 JILLOTUS ST | STREET ADDRESS | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: H. SUNNIPPE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 402-8299

Date

Daytime Phone #

CR2E034 (10/02)