

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90189 017 ***150.00

DOCUMENT # P02000024023

1. Entity Name
DOOR WORLD INC.



Principal Place of Business
3717 HARTLEY ROAD
JACKSONVILLE FL 32257

Mailing Address
3717 HARTLEY ROAD
JACKSONVILLE FL 32257



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

20-0001656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLVERT, JAMES W JR.
3717 HARTLEY ROAD
JACKSONVILLE FL 32257

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☒ Delete
NAME COLVERT, JAMES W
STREET ADDRESS 4111 NW 79 AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE PCEO ☒ Change ☐ Addition
NAME Colvert, James W., Jr.
STREET ADDRESS 3717 Hartley Road
CITY-ST-ZIP Jacksonville, FL 32257

TITLE D ☒ Delete
NAME COLVERT, JAMES W
STREET ADDRESS 4111 NW 79 AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DVP ☐ Change ☒ Addition
NAME James I. Bernard
STREET ADDRESS 4436 Queensway Drive
CITY-ST-ZIP Jacksonville, FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 *James W. Colvert, Jr.* **RECEIVED** **JAMES W. COLVERT, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

8-29-03

Attachment

80142815

PO2000024023

DIVISION OF CORPORATION
UNIFORM BUSINESS REPORT FILING S
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Sir or Madam,

We did not receive a prior notice
to file. Please waive the additional
fees.

Thank you
James W. Wright