2003 FOR PROFIT CORPORATION

FILED May 12, 2003 8:00 am Secretary of State 04-23-2003 90142 027 ***158.75

DOCUMENT # P02000102776 1. Entity Name DOOR TECH OF LEE COUNTY, INC.									,,,,,,,	- 0	į
Principal Place of Business 3610 SE 21ST AVENUE CAPE CORAL FL 33904		3610 9	Mailing Address 3610 SE 21ST AVENUE CAPE CORAL FL 33904				55039473				
2. Principal Place of Business		3. Mailir	3. Mailing Address								,
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			56 7 23 00 218 7 Not Applie			applied For lot Applicable	<u> </u>	
Zip Country 6. Name and Address of Curren		Zip			ountry		Certificate of Status Desired	X	\$8.75 Ac Eee Requir		
	G. Nathe and Address of Co	ntent redistated	Agent		Name		Name and Address of New R	gisterec	Agent		┥
Baptiste, J Baron 1215 SE 29TH TERRACE Cape Coral FL 33904			•		Street Ac	Address (P.O. Box Number is Not Acceptable)					1
			· •		City.	·		F	L Zip Coo	de	-
	named entity submits this statem tions of registered agent.	nent for the purpos	se of changing its i	registere	d office or	registered ar	gent, or both, in the State of Flor	ida. Iam	familiar with	, and accept	7.
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if applic	able. (NOTE	Registered	Agent eignatur	n required when	renstating)	DATE	- <u></u> -		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department		0.00					Grection Campaign Final Trust Fund Contribution		Adde	00 May Be	
10.	OFFICERS	AND DIRECTORS		11.		DCF	DOITIONS/CHANGES TO OFFI	CERS AN] a
TITLE NAME STARET ADDRESS CITY-ST-ZIP	TAYLOR, MICHAEL 3610 SE 21ST AVENUE CAPE CORAL FL 33904		☐ Delete	NAME	I ADDRESS 5T-ZIP	<i>V</i> C <i>F</i>			Change	Addition	CR2E034 (10/02)
TITLE NAME" STREET ADDRESS CITY-ST-ZIP	300		☐ Delete	TITLE NAME STREE CITY-S	FADDRESS ST-ZIP	SECY DERI 1610S	CKATAY688	a /	Change	Addition	8
HAME STREET ADDRESS CITY-ST-ZIP			⇒. □ Delete	NAME STREET		TRAAS DBAA	CORAL PL 33 UNER, CONBAPTISTE CONAL PL 33		Change _	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			□ De)ele	TITLE NAME STREET CITY-S	ADDRESS	MA	CORAL FLAS	904	Change	Addition	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-S					☐ Change	Addition	
indicated	ertify that the information supplier on this report or suppliered and the suppliered are supplied to the suppliered are	o win mis filing do	es not quality for t	ne exem	puon state	o the came	Trauv(3)(I), Florida Statules, I l	uriner ce	rury that the if	or director	(

of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my changed, or on an attachment with an address, with all other like empowered.