FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P03000136867*

1. Entity Name
DEAN OLIVER Garage Doors INC.

44028270

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
231 East 44th ST	231 East 44th ST		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State	4. FEI Number	Applied For
Jaxsonville FL.	Jaxsonville FL.	20-0419442	Not Applicable

Zip	Country	Zip	Country	
32208	Duval	32208	Duval	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name DEAN OLIVER

Street Address (P.O. Box Number is Not Acceptable) 231 East

44th ST

City Jaxsonville   FL Zip Code 32208

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 *Dean Oliver*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

4/5/04 DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	DEAN OLIVER	NAME	
STREET ADDRESS	231 East 44th ST	STREET ADDRESS	
CITY-ST-ZIP	Jaxsonville Fl 32208	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN OLIVER *Dean Oliver*   4/5/04   904 333-3045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #