

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 91124 001 \*\*\*300.00

DOCUMENT # P08579

1. Entity Name

COLUMBUS AUTOMATIC DOOR, INC.

Principal Place of Business

Mailing Address

5110 COCA COLA BLVD  
COLUMBUS GA 31909

6118 COCA COLA BLVD  
COLUMBUS GA 31909-5589

2. Principal Place of Business

3849 HOPKINS ST.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 15639

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

DURHAM, NC

Zip

32505

Country

Zip

27704

Country

4. FEI Number

58-1440695

56-0855325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTZOG, ROBERT  
3985 N "W" STREET  
STE 24  
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name

ROBERT HARTZOG

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

3849 HOPKINS ST.

City

PENSACOLA

FL

Zip Code

32505

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-00

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, 2000 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHERRY, JACK	
STREET ADDRESS	6924 TRAPPER WAY	
CITY-ST-ZIP	MIDLAND GA	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CHERRY, ROBERTA	
STREET ADDRESS	6924 TRAPPER WAY	
CITY-ST-ZIP	MIDLAND GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD D. MCCLEROY	
STREET ADDRESS	3424 INDUSTRIAL DR.	
CITY-ST-ZIP	DURHAM, NC 27704	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID L. MCCLEROY	
STREET ADDRESS	3424 INDUSTRIAL DR.	
CITY-ST-ZIP	DURHAM, NC 27704	
TITLE	CFO/SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST R. WILKINS	
STREET ADDRESS	3424 INDUSTRIAL DR.	
CITY-ST-ZIP	DURHAM, NC 27704	
TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE CAHILL	
STREET ADDRESS	3424 INDUSTRIAL DR.	
CITY-ST-ZIP	DURHAM, NC 27704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE CAHILL, CONTROLLER 4/21/00 919-381-0094

Date

Daytime Phone #

CR2E034 (9/99)