

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 024 ***158.75

DOCUMENT # P93000005512

1. Entity Name
P93000005512
~~JAY CORNETT~~
TRI-STAR DOOR COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
JAY Cornett
Suite, Apt. #, etc.
2320 NW 114 Ave
City & State
CORAL SPRINGS
Zip
33065
Country
USA

3. Mailing Address
2320 NW 114 Avenue
Suite, Apt. #, etc.
CORAL SPRINGS
City & State
FLORIDA
Zip
33065
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
650477817
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
JAY CORNETT
Street Address (P.O. Box Number is Not Acceptable)
2320 NW 114 Avenue
City
CORAL SPRINGS
FL
Zip Code
33065

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
JAY S CORNETT
Signature typed or printed name of registered agent and title if applicable.
President JAY S CORNETT
(NOTE: Registered Agent signature required when reinstating)
DATE
04/28/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President JAY S CORNETT 2320 NW 114 Avenue CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert Shields 17980 S.W. 224 STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: JAY S CORNETT JAY S CORNETT 04/28/02 954-673-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #