2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300063562 1. Entity Name GARAGE DOOR CENTER, INC.						Secretary of State 01-30-2002 90068 007 ***150.00			
•	ce of Business S PARKWAY DRIVE NORTH E FL 32256		Mailing Address 6884 PHILLIPS PARKWAY DRIVE NORTH JACKSONVILLE FL 32256						
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & Stat	te	City & State			4. FEI Number 59-3202153 Applied For				
Zip Country		Zip Count		itry	Not Applicable S. Certificate of Status Desired \$8.75 Additional				
	6. Name and Address of Curr	ent Registered Agent			7. 1	7. Name and Address of New Registered Agent			
				Name			rea rigent		
KELLY, TH			-		Street Address (P.O. Box Number is Not Acceptable)				
200 W. FO SUITE 102	orsyth st.					· · · · · · · · · · · · · · · · · · ·			
	VILLE FL 32202			-					
UNIONOUN	TVICEL I E OPEOE			City			FL Zip C	Code	
Tax filing r	Signature, typed or printed name of registered a cration is eligible to satisfy its intangrequirement and elects to do so. ria on back)	pible FILE NOW After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution.		5.00 May Be ded to Fees	
11.		ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	PD WARD, JAMES C 12493 MASTER RIDGE JACKSONVILLE FL	☐ Delete		1			☐ Chang	e Addition	
ITLE IAME TREET ADORESS ITY-ST-ZIP	SD WARD, CAROLE 12493 MASTER RIDGE JACKSONVILLE FL	☐ Delete			,		☐ Chang	e Addition	
TITLE HAME STREET ADDRESS '	•	- 🗀 Delete					☐ Chanç	e Addition	
ITLE IAME ITREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chanç	e 🔲 Addition	
ITLE AME TREET ADORESS ITY-ST-ZIP		☐ Delete					☐ Chang	e Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete		ı	***		☐ Chang	e Addition	
of the corp changed,	on this report of supplemental repo coration or the receiver or trustee er or on an attachment with an addres	rt is true and accurate and that r mpowered to execute this report	ny signati as requir	ire shall have the	same le	19.07(3)(i), Florida Statutes. I further agal effect as if made under oath; the a Statutes; and that my name appears	at I am an offic ars in Block 11 904	er or director or Block 12 if	
SIGNAT		OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	OR .		1-15-02 Date	268		

SIGNATURE: