2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000070929 Apr 30, 2001 8:00 am Secretary of State COMMERCIAL AND RESIDENTIAL DOORS, INC. 04-30-2001 90005 038 \*\*\*150.00 Principal Place of Business Mailing Address 11601-66TH STREET NORTH 11601-66TH STREET NORTH LARGO FL 34643 LARGO FL 33773 US US 3. Mailing Address 2. Principal Place of Business 10360 US Hwy 19 North 10360 US Hwv 19 North DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Pinellas Park, Pinellas Park, 4. FEI Number 59-3205460 Applied For Not Applicable \$8.75 Additional 3 3 7 8 2 **-** 3 4 1 8 33<sup>Zip</sup>82-3418 П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TICKTIN, STANLEY P. Street Address (P.O. Box Number is Not Acceptable) 1111 KNOLLWOOD DRIVE SAFETY HARBOR FL 34695 City Bradenton 314200°2 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. (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change ☐ Addition TITLE ☐ Delete TITLE TICKTIN, STANLEY P NAME NAME 8722 52nd Avenue E. 1111 KNOLLWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bradenton, FL SAFETY HARBOR FL CITY-ST-ZIP [X] Change Addition ☐ Delete TITLE TITLE TICKTIN, SHEILA NAME NAME 8722 52nd Avenue E. 1111 KNOLLWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAFETY HARBOR FL Bradenton, FL CITY-ST-ZIP Addition-Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ... Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

3/13/01