2003 FOR PROFIT CORPORATION

FILED Mar 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P93000085874 DOCUMENT # 1. Entity Name 03-28-2003 90066 030 ***150.00 COMMERCIAL DOOR, INC. Principal Place of Business Mailing Address 4500 N HIATUS_RD 1500 N HIATUSARD 218 EL 33351 US 2. Principal Place of Business Suite, Apt. #, etc HECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0450695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent BEHRENS, SCOTT Street Address (P.O. Box Number is Not Acceptable) 32801 NORTH HWY 441 **APT 284** OKEECHOBEE FL 34972 City Zip Code 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 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Addition BEHRENS, SCOTT NAME 4500 N HIATUS RD #218 665 THIRD PLACE STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32962 TITLE ☐ Delete TITLE ☐ Addition BEHRENS, DARBRA NAME NAME 665 THIRD PLACE STREET ADDRESS 4500 N HIATUS RD #218 STREET ADDRESS SUNRISE FL CITY-ST-ZIE CITY-ST-ZIP TITLE Delete 1 TITLE ` Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment w ke empowered

CITY-ST-ZIP

STREET ADDRÉSS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP