

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024268

1. Entity Name

ARCHER'S DOORS INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90015 044 \*\*\*150.00

Principal Place of Business

Mailing Address

1325 WINDSOR DR  
CLEARWATER FL 33756  
US

1325 WINDSOR DR  
CLEARWATER FL 33756-1334  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3228448

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCHER, BONNIE S.  
1325 WINDSOR DRIVE  
CLEARWATER FL ~~34616~~ 33756

Name

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

City

FL

Zip Code

33756

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 BONNIE S. ARCHER  
Signature, typed or printed name of registered agent and title if applicable.

Bonnie S. Archer  
(NOTE: Registered Agent signature required when reinstating)

4/10/00  
DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHER, DONALD M	
STREET ADDRESS	414 TURNER ST	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARCHER, BONNIE S.	
STREET ADDRESS	1325 WINDSOR DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 all other like empowered.

SIGNATURE: Bonnie S. Archer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00  
Date

727-584-7770  
Daytime Phone #

CR2E034 (9/99)