

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90106 029 ***150.00

DOCUMENT # P94000061268

1. Entity Name
NORTEK HOLDINGS, INC.



Principal Place of Business
3200 SOUTH ANDREWS AVE., SUITE 101
FT. LAUDERDALE FL 33316

Mailing Address
3200 SOUTH ANDREWS AVE., SUITE 101
FT. LAUDERDALE FL 33316



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0513088**

Applied For

Not Applicable

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

ANDREWS, JOHN
1501 N.E. 4TH AVE
FORT LAUDERDALE FL 33304

Name **E. Scott Golden, Attorney**
Street Address (P.O. Box Number is Not Acceptable) **644 Southeast 4th Avenue**
City **Ft. Lauderdale** **FL** **Zip Code** **33301**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GRAHAM, JONATHAN**
STREET ADDRESS **3200 SOUTH ANDREWS AVE., SUITE 101**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME **MAYER, TOWNSEND E.**
STREET ADDRESS **3200 SOUTH ANDREWS AVE #101**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **President/Director**
STREET ADDRESS **Billy Hawkins**
CITY-ST-ZIP **5330 N.E. 6th Avenue**
Oakland Park, Florida 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice-President/Director**
STREET ADDRESS **Douglas Fordon**
CITY-ST-ZIP **150 S. Bel-Air Drive**
Plantation, Florida 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary/Treasurer/Director**
STREET ADDRESS **Roseann Fordon**
CITY-ST-ZIP **150 S. Bel-Air Drive**
Plantation, Florida 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or 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 with an address, with all other like empowered.

SIGNATURE:

Roseann Fordon **2/13/03** **954-761-3678**
ROSEANN FORDON
Date Daytime Phone #

CR2E034 (10/02)