

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90170 028 ***150.00

DOCUMENT # P94000061269

1. Entity Name
NORTEK GROUP, 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**



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 **65-0513084**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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 *E. Scott Golden*
Signature, typed or printed name of registered agent and title if applicable.

E. Scott Golden

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03
Date

954-761-3678
Daytime Phone #