2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P94000093275 Jul 19, 2000 8:00 am 1. Entity Name CLASSIC DOORS OF JACKSONVILLE, INC. Secretary of State 07-19-2000 90015 033 ***150.00 Mailing Address Principal Place of Business 5065 ST. AUGUSTINE RD., SUITE 3 5065 ST. AUGUSTINE RD., SUITE 3 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 ipal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3295433 cksonvkle Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OXW ORTH Johnson, nan Winfree 5065 ST. AUGUSTINE RD., SUITE 3 JACKSONVILLE FL 32207 City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. 12. Addition ☐ Delete TITLE D Change TITLE FOXWORTH, NAN W NAME NAME 14750 BEACH BLVD #51 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL ☐ Change Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CJTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SINONULIFICATION TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

Delete

7-11-00

904-739-3404

☐ Change

☐ Addition