

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90707 012 ***150.00

DOCUMENT # P95000004668

1. Entity Name
TFL DOOR CORPORATION



Principal Place of Business
1900 CROWN DR
DALLAS TX 75234
US

Mailing Address
1900 CROWN DR
DALLAS TX 75234
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3302402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	VS	<input type="checkbox"/> Delete
NAME	SCHOCHET, WILLIAM A	
STREET ADDRESS	1900 CROWN DR	
CITY-ST-ZIP	FARMERS BRANCH TX	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STONE, DENNIS	
STREET ADDRESS	1900 CROWN DR	
CITY-ST-ZIP	FARMERS BRANCH TX 75234	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROCKMAN, KEITH-W	
STREET ADDRESS	1900 CROWN DR	
CITY-ST-ZIP	FARMERS BRANCH TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUNSMAN, GREGORY J	
STREET ADDRESS	1900 CROWN DR	
CITY-ST-ZIP	FARMERS BRANCH TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANCE CASKEY	
STREET ADDRESS	1900 CROWN DRIVE	
CITY-ST-ZIP	FARMERS BRANCH TX 75234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)