

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018779

1. Entity Name

TRADITIONAL DOOR & MILL, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90079 006 ***150.00

Principal Place of Business

Mailing Address

301 C ENTERPRISE ST.
OCOE FL 34761

301 C ENTERPRISE ST.
OCOE FL 34761-3001

2. Principal Place of Business

1541 NATCHEZ TRACE BLVD

3. Mailing Address

P.O. Box 783384

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

WINTER GARDEN FL

4. FEI Number

59-3308428

Applied For

Not Applicable

Zip

32818

Country

USA

Zip

34778-3384

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

GODIN, ROBERT D
301 C ENTERPRISE ST.
OCOE FL 34761

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.

SIGNATURE

[Signature] ROBERT D GODIN PRES

3-28-00

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

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete
NAME GODIN, ROBERT D
STREET ADDRESS 301 C ENTERPRISE ST.
CITY-ST-ZIP OCOEE FL 34761

TITLE ☒ Change ☐ Addition
NAME 1541 NATCHEZ TRACE BLVD.
STREET ADDRESS ORLANDO, FL 32818
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

[Signature] ROBERT D GODIN

3-28-00

Date

Daytime Phone #

407
290-2723

CR2E034 (9/99)