

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90323 044 ***150.00

DOCUMENT # P95000036422

1. Entity Name
GARAGE DOOR PROFESSIONALS, INC.



Principal Place of Business
**7605 268 STREET E
MYAKKA CITY FL 34251
US**

Mailing Address
**7605 268 STREET E
MYAKKA CITY FL 34251
US**



2. Principal Place of Business

3. Mailing Address

PO Box 97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Myakka City, FL

4. FEI Number **59-3322278**

Applied For

Not Applicable

Zip

Country

34251

US

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

**SCHRIEFER, GEORGE J
6075 PARK BLVD
PINELLAS PARK FL 33781**

Name **Tina Marie Branch**

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

7605 268 Street East

City **Myakka City** **FL** Zip Code **34251**

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 **Tina Marie Branch**

1/15/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRANCH, THOMAS**
STREET ADDRESS **7605 268 STREET EAST**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

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

TITLE **STVD** ☐ Delete
NAME **BRANCH, TINA M**
STREET ADDRESS **7605 268 STREET EAST**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Tina Marie Branch** **1/15/03** **941-322-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)