

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90132 031 ***150.00

0083980

DOCUMENT # P95000060540
 1. Entity Name
SECURE DOOR, VERTICAL BRACING COMPONENTS, COMPAN

Principal Place of Business Mailing Address
~~1312 PEPPER TREE PLACE~~ ~~1312 PEPPER TREE PLACE~~
~~ROCKLEDGE FL 32955~~ ~~ROCKLEDGE FL 32955~~

2. Principal Place of Business 3. Mailing Address
509 Franklin AVE **509 Franklin AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
~~Indianapolis FL~~ ~~Indianapolis FL~~
 Zip Country Zip Country
32903 **USA** **32903** **USA**

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DECOLA, S. MICHAEL
1312 PEPPER TREE PLACE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
509 Franklin AVE
 City State Zip Code
Indianapolis **FL** **32903**

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 *S. Michael Decola* *pat.* *4/23/01*
Signature, typed or printed name of registered agent and title, 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, 2001 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 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECOLA, S. MICHAEL	NAME	509 Franklin AVE
STREET ADDRESS	1312 PEPPER TREE PLACE	STREET ADDRESS	Indianapolis FL 32903
CITY-ST-ZIP	ROCKLEDGE FL 32955	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECOLA, SHARON A	NAME	509 Franklin AVE
STREET ADDRESS	1312 PEPPER TREE PLACE	STREET ADDRESS	Indianapolis FL 32903
CITY-ST-ZIP	ROCKLEDGE FL	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODIFORD, GLENDONE	NAME	
STREET ADDRESS	549 WALNUT DR	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *S. Michael Decola* *4/23/01* *301-765-1972*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)