

# 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

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 *[Signature]*      DATE **4/23/01**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>DECOLA, S. MICHAEL</b><br><b>1312 PEPPER TREE PLACE</b><br><b>ROCKLEDGE FL 32955</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>509 Franklin AVE</b><br><b>Indianapolis FL 32903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>DECOLA, SHARON A</b><br><b>1312 PEPPER TREE PLACE</b><br><b>ROCKLEDGE FL</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>509 Franklin AVE</b><br><b>Indianapolis FL 32903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>M</b><br><b>BODIFORD, GLENDONE</b><br><b>549 WALNUT DR</b><br><b>MELBOURNE FL 32935</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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]*      Date **4/23/01**      Daytime Phone # **321-765-1972**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)