

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000060540

FILED
Apr 12, 2002 8:00 AM
Secretary of State

Entity Name: SECURE DOOR, VERTICAL BRACING COMPONENTS, COMPANY

Current Principal Place of Business:

509 FRANKLYN AVE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

509 FRANKLYN AVE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DECOLA, S. MICHAEL
509 FRANKLYN AVE
INDIALANTIC, FL 32903

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DECOLA, S. MICHAEL
Address: 509 FRANKLYN AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP () Delete
Name: DECOLA, SHARON A
Address: 509 FRANKLYN AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: M () Delete
Name: BODIFORD, GLENDONE
Address: 549 WALNUT DR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. MICHAEL DECOLA

P

04/12/2002

Electronic Signature of Signing Officer or Director

_____ Date