

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069709

1. Entity Name

BROCK DOOR SYSTEMS, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90079 034 \*\*\*150.00

Principal Place of Business	Mailing Address
550 BALMORAL CIRCLE NORTH SUITE 205 JACKSONVILLE FL 32218	P.O. BOX 26205 JACKSONVILLE FL 32226-6205 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3346714	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROCK, LEONARD WALDO 550 BALMORAL CIRCLE NORTH SUITE 205 JACKSONVILLE FL 32218	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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BROCK, LEONARD W	NAME	
STREET ADDRESS	550 BALMORAL CIRCLE NORTH, #205	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	STOKES, TERE	NAME	
STREET ADDRESS	2582 COUNTY ROAD 21B	STREET ADDRESS	PO BOX 206
CITY-ST-ZIP	MELROSE FL 32666	CITY-ST-ZIP	BRUCEVILLE, FL 32009
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: x Leonard Brock **SIGNATURE REQUIRED** 3-24-2000 904-696-8868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #