

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90079 010 ***150.00

DOCUMENT # P95000069709

1. Entity Name

BROCK DOOR SYSTEMS, INC.

Principal Place of Business

**550 BALMORAL CIRCLE NORTH
 SUITE 205
 JACKSONVILLE FL 32218**

Mailing Address

**P.O. BOX 26205
 JACKSONVILLE FL 32226
 US**

2. Principal Place of Business

540 WEST MILL STREET

3. Mailing Address

PO BOX 548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BALDWIN, FL

City & State

BALDWIN, FL

4. FEI Number

59-3346714

Applied For

Not Applicable

Zip

32234

Country

FL

Zip

32234

Country

FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROCK, LEONARD WALDO
 550 BALMORAL CIRCLE NORTH
 SUITE 205
 JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name

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

540 WEST MILL STREET

City

BALDWIN

FL

Zip Code

32234

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, typed or printed name of registered agent and title if 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROCK, LEONARD W	
STREET ADDRESS	550 BALMORAL CIRCLE NORTH, #205	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STOKES, TERA	
STREET ADDRESS	PO BOX 206	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 548	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Waldo Brock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3-21-01

Date

Daytime Phone #

CR2E034 (10/00)