2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P96000078838 1. Entity Name ACTION AUTOMATIC DOOR COMPANY 04-30-2001 90131 024 ***150.00 Principal Place of Business Mailing Address 12660 METRO PARKWAY 12660 METRO PARKWAY FORT MYERS FL 33912 FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address 11360 Metro Parkway 11360 Metro Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0695922 Not Applicable Ft Myers, Ft Myers, Country Country \$8.75 Additional 5. Certificate of Status Desired 33912 USA 33912-~ USA -=-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EBEL, GEORGE F IV Street Address (P.O. Box Number is Not Acceptable) 12488 LOCO PLACE LN NAPLES FL 34119 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ★ Addition ☐ Delete TITLE TITLE EBEL. GEORGE F IV NAME Marks, Jeffrey NAME 12988 COCO PLUM LANE STREET ADDRESS STREET ADDRESS 1454 Dexter Drive NAPLES FL CITY-ST-ZIP CITY-ST-ZIP <u>Clearwater, FL 33756</u> Addition ☐ Delete TITLE ☐ Change TITLE **BOLLIN, ROBERT** NAME NAME Jackson, James R. **4842 OLDE MEADOW LANE** STREET ADDRESS STREET ADDRESS 118 SW 52nd Street SYLVANIA OH CITY-ST-ZIP CITY-ST-ZIP Cape-Coral - FL 33914 Change Addition Delete TITLE TITLE SMITH, GREGORY NAME NAME Holt, Douglas 17464 LEBANON ROAD STREET ADDRESS STREET ADDRESS 675 Saratoga Cir #J202 FT MYERS FL CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34104 ☐ Addition Change TITLE TITLE Delete TROWE, BRADLEY NAME NAME 1735 BRANTLEY ROAD, #1915 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP CITY-ST-7IP Detete ☐ Change ☐ Addition TITLE TITLE WALEGA, ANDREW NAME NAME 193 BATH CLUB BLVD STREET ADDRESS STREET ADDRESS REDINGTON BCH FL CITY-ST-ZIF CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition

I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR