## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 29, 2002 8:00 am Secretary of State P96000078838 DOCUMENT # 1. Entity Name 04-29-2002 90075 050 \*\*\*150.00 ACTION AUTOMATIC DOOR COMPANY Mailing Address Principal Place of Business 11360 METRO PARKWAY 11360 METRO PARKWAY FORT MYERS FL 33912 FORT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0695922 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EBEL. GEORGE F IV Street Address (P.O. Box Number is Not Acceptable) Coco 12488 LOCO PLACE LN NAPLES FL 34119 Zip Code City 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. 4-Z-0Z SIGNATURE (NOTE: Registered Agent signature required when reinstating) lature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete CEO TITLE NAME EBEL, GEORGE F IV NAME Ebel, George F. IV STREET ADDRESS 12988 COCO PLUM LANE STREET ADDRESS 12988 Coco Plum Lane CITY-ST-ZIP CITY-ST-7IP NAPLES FL Naples, FL 34119 ☐ Addition Change ☐ Delete TITLE TITLE **SVP** NAME NAME BOLLIN, ROBERT STREET ADDRESS STREET ADDRESS 4842 OLDE MEADOW LANE CITY-ST-ZIP CITY-ST-ZIP SYLVANIA OH ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME SMITH, GREGORY STREET ADDRESS STREET ADDRESS 17464 LEBANON ROAD CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ■ Addition Change Delete TITLE TITLE NAME MARKS, JEFFREY NAME STREET ADDRESS STREET ADDRESS 1454 DEXTER DRIVE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ★ Change ☐ Addition President Delete TITLE TITLE Jackson, James R. NAME NAME JACKSON, JAMES R STREET ADDRESS 118 SW 52nd Street STREET ADDRESS 118 SW 52ND STREET CITY-ST-ZIP CAPE CORAL FL 33914 Cape Coral, Fl 33914 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME HOLT, DOUGLAS NAME STREET ADDRESS 675 SARATOGA CIR #J202 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34104 13. 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 chapter on an attemptor with all other like empowered.

SIGNATURE:

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changed, or on an attachment with an address, with all other like empowered.