

DOCUMENT # P96000093894  
1. Entity Name  
COMMERCIAL DOOR AND GATES SERVICES, INC.

Principal Place of Business  
5555 DAVIE RD  
DAVIE FL 33314  
US

Mailing Address  
5555 DAVIE RD  
BOCA RATON FL 33314  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
5555 DAVIE RD  
Suite, Apt. #, etc.

City & State  
DAVIE, FL

Zip  
33314

Country  
US

6. Name and Address of Current Registered Agent  
WRICH, TIMOTHY  
5555 DAVIE RD  
DAVIE FL 33314

4. FEI Number 65-0742578  
Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WRICH, TIMOTHY 5555 DAVIE RD DAVIE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Timothy Wrich / President Date: 1-10-01 Daytime Phone #: 954-253-7799

FILED  
Jan 12, 2001 8:00 am  
Secretary of State  
01-12-2001 90019 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)