

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90049 036 ***158.75

DOCUMENT # P97000049701

1. Entity Name

GARAGE DOOR SERVICES OF BOCA, INC.

Principal Place of Business

Mailing Address

**1325 PORTOFINO CIRCLE
APT 801
WESTON FL 33326****1325 PORTOFINO CIRCLE
APT 801
WESTON FL 33326**

2. Principal Place of Business

**17441 NW 12TH ST.
Suite, Apt. #, etc.**

3. Mailing Address

**17441 NW 12TH ST
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES FL		City & State PEMBROKE PINES, FL		4. FEI Number 65-0757928	Applied For <input type="checkbox"/> Not Applicable
Zip 33029	Country BROWARD	Zip 33029	Country BROWARD	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOTT, HARMON A 5069 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417	7. Name and Address of New Registered Agent Name STOTT, HARMON A Street Address (P.O. Box Number is Not Acceptable) 17441 NW 12TH ST City PEMBROKE PINES FL Zip Code 33029
--	---

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.	HARMON A STOTT (NOTE: Registered Agent signature required when reinstating)	2/22/01 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, 2001 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
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOTT, HARMON A 1325 PORTOFINO CIRCLE, APT 801 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STOTT, CATHERINE 1325 PORTOFINO CIR, APT 801 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	HARMON A STOTT	2/22/01 Date	954 433 1133 Daytime Phone #
--	-----------------------	------------------------	--

CR2E034 (10/00)