## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2002 8:00 am Secretary of State **DOCUMENT#** P97000050140 1. Entity Name 04-09-2002 90734 028 \*\*\*150 00 METRO GARAGE DOOR OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 751 BUSINESS PARK BLVD 751 BUSINESS PARK BLVD SUITE 103 SUITE 103 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite. Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. EE! Number Applied For 59-3451544 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OGLE, DARRELL WAYNE Street Address (P.O. Box Number is Not Acceptable) 460 PALM DRIVE OCOEE FL 34761 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax illing requirement and elects to do so. ...: After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution: (Drawn) (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12.~ -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 (300) TITLE Delete TITLE ☐ Change ☐ Addition OGLE. DARRELL WAYNE NAME NAME STREET ADDRESS STREET ADDRESS CR2E034 751 BUSINESS PARK BLVD #103 CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 me Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Change ☐ Delete TITE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZW CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 hame appears in Block 12 if changed, or or an attachment with an address, with all other like empowered.