

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90030 012 ***558.75

A0086089

DOCUMENT # P97000063874

1. Entity Name

Garage Door Doctors, Inc.

Principal Place of Business

1086 SW Bayshore Blvd.
 Port St. Lucie, FL 34983

Mailing Address

1086 SW Bayshore Blvd.
 Port St. Lucie, FL 34983

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1086 SW Bayshore Blvd.

Suite, Apt. #, etc.

City & State

City & State

Port St. Lucie, FL

4. FEI Number

59-3459486

Applied For

Not Applicable

Zip

Country

Zip

Country

34983

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Skipper, Linda M.
 1086 SW Bayshore Blvd.
 Port St. Lucie, FL 34983

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PTD ☐ Delete
NAME SKIPPER, COURTLAND S. III
STREET ADDRESS 513 NW WAVERLY CIR.
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE SVP ☐ Delete
NAME SKIPPER, LINDA M.
STREET ADDRESS 513 NW WAVERLY CIR.
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

9-7-01 (561) 785-6585

Date

Daytime Phone #

CR2E034 (11/00)