

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0117380 AV

DOCUMENT # P97000063874

1. Entity Name  
GARAGE DOOR DOCTORS, INC.



FILED

03 AUG 25 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1086 SW BAYSHORE BLVD  
PORT SAINT LUCIE FL 34983  
US

Mailing Address  
1086 SW BAYSHORE BLVD.  
PORT SAINT LUCIE FL 34983

2. Principal Place of Business  
2121 SW CONANT AVE  
Suite, Apt. #, etc.

3. Mailing Address  
2121 SW CONANT AVE  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
PORT ST. LUCIE, FL  
Zip  
34953  
Country  
USA

City & State  
PORT ST. LUCIE, FL  
Zip  
34953  
Country  
USA

4. FEI Number 59-3459486

Applied For  
Not Applicable

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 SAINT LUCIE FL 34983

## 7. Name and Address of New Registered Agent

Name  
SKIPPER, COURTLAND S III  
Street Address (P.O. Box Number is Not Acceptable)  
2121 SW CONANT AVE  
City  
PORT ST. LUCIE FL Zip Code  
34953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE C. S. Skipper, Pres., C.S. Skipper, President DATE 8-21-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	SKIPPER, COURTLAND S III	
STREET ADDRESS	513 NW WAVERLY CIR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SKIPPER, LINDA M	
STREET ADDRESS	513 NW WAVERLY CIR.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, COURTLAND S III	
STREET ADDRESS	513 NW WAVERLY CIR	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHER, STEPHEN C.	
STREET ADDRESS	1778 SW MILLIKIN AVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900022531039  
08/25/03--01015--002 \*\*558.75

78

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. S. Skipper, Pres. DATE 8/21/03 772-873-2882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (4/03)