FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am DOCUMENT # P97000081355 **Secretary of State** 1. Entity Name 02-17-2002 90105 001 ***150.00 HERITAGE SHOWER DOORS, INC. Principal Place of Business Mailing Address 536 EAST VENICE AVENUE 536 EAST VENICE AVENUE VENICE FL 34292 VENICE FL 34292 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. FEI Number Applied For 65-0782407 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOGFORD, EDMUND C JR Street Address (P.O. Box Number is Not Acceptable) 613 GRANADA AVENUE **VENICE FL 34285** 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, 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 filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE Change Addition ΡĎ NAME MOGFORD, EDMUND C JR NAME STREET ADDRESS STREET ADDRESS 613 GRANADA AVENUE CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 TITLE ☐ Delete TITLE Change ☐ Addition VD MOGFORD, EDMUND CHIE NAME MOGFORD, EDMUND C III NAME 613 GRANADA DRIVES STREET ADDRESS STREET ADDRESS 241 HARBOR DRIVE SOUTH VENICE FL 3985 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 TITLE ☐ Delete TITLE Change Change Addition DT mogropp martin 5 NAME MOGFORD, MARTIN S NAME 32 SHORE KD STREET ADDRESS STREET ADDRESS 326 PEDRO STREET CITY-ST-ZIP CITY-ST-ZIP <u>VENICE FL 34285</u> Change Change TITLE ☐ Delete TITLE ☐ Addition STEINDERGI ERIN L NAME NAME STEINBERG, ERIN L STREET ADDRESS STREET ADDRESS 310 FIR AV 238 W. TAMPA AVE #2205 CITY-ST-ZIP 34292 CITY-ST-ZIP VENICE FL 34285 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.