

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90047 043 ***150.00

DOCUMENT # P97000104606

1. Entity Name

FLORIDA DOOR SALES, INC.

Principal Place of Business
 1593 VILLAGE GREEN DRIVE
 PORT ST LUCIE FL 34952

Mailing Address
 P.O. BOX 7782
 PORT ST LUCIE FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0800430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GALLESE, WILLIAM P.A.
 8000 S FEDERAL HWY
 SUITE 301
 PORT ST LUCIE FL 34952~~

Name **Arthur Jones Sr**

Street Address (P.O. Box Number is Not Acceptable)

2299 S.E. ABCOK Rd

City **PSC**

FL

Zip Code **34952**

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

Arthur Jones Sr

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

(NOTE: Registered Agent signature required when reinstating)

5-17-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, ARTHUR H	
STREET ADDRESS	1593 VILLAGE GREEN DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, ARTHUR H JR.	
STREET ADDRESS	1593 VILLAGE GREEN DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JONES, WARREN J	
STREET ADDRESS	1593 VILLAGE GREEN DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Arthur Jones Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-01

Date

361-937-6325

Daytime Phone #

CR2E034 (10/00)