

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021955

1. Entity Name
FLORIDA DOOR CONTROL, INC.

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

04-23-2001 90115 041 ***150.00

Principal Place of Business

3880 69TH AVE., N.
PINELLAS PARK FL 33781
US

Mailing Address

3880 69TH AVE., N.
PINELLAS PARK FL 33781
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3508205**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE., SUITE 900
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GRIFFIN, MICHAEL W**
STREET ADDRESS **9481 HIGHLAND OAK DR., #714**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **VP** ☐ Delete
NAME **SLOANE, RONALD F**
STREET ADDRESS **3719 QUEEN ST., N.**
CITY-ST-ZIP **ST PETE FL 33713**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **RICHARD A. GRIFFIN**
CITY-ST-ZIP **12403 TITUS CT**
TAMPA, FL 33612

TITLE **ST.** ☐ Delete
NAME **GRIFFIN, RICHARD A**
STREET ADDRESS **12403 TITUS COURT**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **LOLA L. MC CAULEY**
CITY-ST-ZIP **5246 3RD AVE N**
ST PETERSBURG, FL 33710

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

RICHARD A. GRIFFIN

Date

4/5/01

Daytime Phone #

727-521-3667

CR2E034 (10/00)