

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/29

FILED

May 03, 2000 8:00 am  
Secretary of State

01-29-2000 90093 004 \*\*\*150.00

**DOCUMENT # P98000100961**

1. Entity Name  
**A-1 GARAGE DOORS, INC.**

Principal Place of Business <b>920 HULL STREET SOUTH GULFPORT FL 33707 US</b>	Mailing Address <b>920 HULL STREET SOUTH GULFPORT FL 33778-4102 US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>11121 105TH AVE NORTH Suite, Apt. #, etc. SEMINOLE, FL City &amp; State Zip 33778 Country FLORIDA</b>	3. Mailing Address <b>A-1 GARAGE DOORS Suite, Apt. #, etc. 11121 105TH AVE NORTH City &amp; State SEMINOLE, FL Zip Country</b>	4. FEI Number <b>59-3556105</b> <b>APPLIED FOR</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>WILLIAMS, MIKE J 920 HULL STREET SOUTH GULFPORT FL 33707</b>	7. Name and Address of New Registered Agent Name <b>HEIDI TALKINGTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>11121 105TH AVE NORTH SEMINOLE, FL City FL Zip Code 33778</b>
--	---

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 **HEIDI TALKINGTON - President Heidi Talkington** 1/12/00  
Signature, typed or printed name of registrant 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, 2000 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 <b>PTD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRESIDENT/TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIAMS, MIKE J</b>		NAME <b>HEIDI TALKINGTON</b>	
STREET ADDRESS <b>920 HULL STREET SOUTH</b>		STREET ADDRESS <b>11121 105TH AVE NORTH</b>	
CITY-ST-ZIP <b>GULFPORT FL 33707</b>		CITY-ST-ZIP <b>LARGO FL 33778</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TALKINGTON, HARRY</b>		NAME <b></b>	
STREET ADDRESS <b>11121 105 AVE NORTH</b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b>LARGO FL 33778</b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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: **HARRY TALKINGTON (SIGNATURE)** 1/12/00 727-319-8648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)