

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90058 016 \*\*\*150.00

0875454

**DOCUMENT # P98000100961**

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

Principal Place of Business  
 11121 105TH AVE NORTH  
 SEMINOLE FL 33778  
 US

Mailing Address  
 A-1 GARAGE DOORS  
 11121 105TH AVE NORTH  
 SEMINOLE FL  
 US

2. Principal Place of Business  
**11121 105TH AVE NORTH**  
 Suite, Apt. #, etc.

3. Mailing Address  
**11121 105TH AVE NORTH**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**SEMINOLE FLORIDA**  
 Zip  
**33778**  
 Country  
**US**

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4. FEI Number **59-3556105**  
 Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TALKINGTON, HEIDI**  
**11121 105TH AVE NORTH**  
**SEMINOLE FL 33778**

7. Name and Address of New Registered Agent  
 Name **HEIDI TALKINGTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11121 105TH AVE NORTH**  
 City **SEMINOLE** FL Zip Code **33778**

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* *HEIDI TALKINGTON "PRESIDENT"* *4/12/01*  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PT TALKINGTON, HEIDI 11121 105TH AVE NORTH LARGO FL 33778</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VSD TALKINGTON, HARRY 11121 105 AVE NORTH LARGO FL 33778</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *4/12/01* *319-8648*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)