

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90107 012 ***150.00

DOCUMENT # P98000100961

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



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

Mailing Address
**11121 105TH AVE NORTH
SEMINOLE FL 33778
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3556105**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TALKINGTON, HEIDI
11121 105TH AVE NORTH
SEMINOLE FL 33778**

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: I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HEIDI TALKINGTON**
Signature, typed or printed name of registered agent and title if applicable.

Heidi Talkington
(NOTE: Registered Agent signature required when relocating)

4/7/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PT TALKINGTON, HEIDI**
STREET ADDRESS **11121 105TH AVE NORTH**
CITY-ST-ZIP **LARGO FL 33778**

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

TITLE ☐ Delete
NAME **VSD TALKINGTON, HARRY**
STREET ADDRESS **11121 105 AVE NORTH**
CITY-ST-ZIP **LARGO FL 33778**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **HARRY TALKINGTON** **4/7/03** **722-531-0393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)