

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90074 032 ***150.00

DOCUMENT # P98000105722

1. Entity Name

DOORSCOPES INTERNATIONAL, INC.

Principal Place of Business

**902 E. BOCA RATON ROAD
 BOCA RATON FL 33432**

Mailing Address

**902 E. BOCA RATON ROAD
 BOCA RATON FL 33432**

2. Principal Place of Business

213 BLACKCLOUD LN

3. Mailing Address

213 BLACKCLOUD LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVENPORT-FL.

City & State

DAVENPORT FL

Zip

33837

Country

POLK

Zip

33837

Country

POLK

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0884436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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, 2002 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 **PD** ☒ Delete
 NAME **CUSA, KATHERINE T**
 STREET ADDRESS **902 E. BOCA RATON ROAD**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **TVD** ☒ Delete
 NAME **MCLEAN, JAMES**
 STREET ADDRESS **902 E. BOCA RATON ROAD**
 CITY-ST-ZIP **BOCA RATON FL-33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☒ Addition
 NAME **VALENTINE-BUTH**
 STREET ADDRESS **213 BLACKCLOUD LN**
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **TVD** ☒ Change ☒ Addition
 NAME **CUSA, KATHERINE**
 STREET ADDRESS **213 BLACKCLOUD LN**
 CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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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:

Buth Valentine **Buth Valentine** **3/15/02** **863-421-9051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)