

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088767

1. Entity Name

DOORWARE, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90040 021 \*\*\*150.00

Principal Place of Business

4717 BALSAM DRIVE  
LAND O' LAKES FL 34639

Mailing Address

4717 BALSAM DRIVE  
LAND O' LAKES FL 34639-5601

2. Principal Place of Business

22823 Bay Cedar Dr  
Suite, Apt. #, etc.

3. Mailing Address

22823 Bay Cedar Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Land O' Lakes FL

City & State

Land O' Lakes FL

4. FEI Number

59-3602904

Applied For

Not Applicable

Zip

34639

Country

Pasco

Zip

34639

Country

Pasco

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUADAGNO, LINDA DIAN  
~~4717 BALSAM DRIVE~~  
LAND O' LAKES FL 34639

22823 Bay Cedar Dr.

7. Name and Address of New Registered Agent

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

*Linda W. Guadagno*

04-02-00

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, 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
GUADAGNO, LINDA DIAN  
~~4717 BALSAM DRIVE~~ 22823 Bay Cedar Dr.  
LAND O' LAKES FL 34639

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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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

*Linda W. Guadagno* Linda D. Guadagno 813-929-0997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)