

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #

99000111594

1. Entity Name

Doorway 27, Inc.

FILED

01 JUL 30 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12400 Lake Valley Dr.  
Clermont, FL 34711

Mailing Address

12400 Lake Valley Dr.  
Clermont, FL 34711

2. Principal Place of Business

728 1/2 N Street

Suite, Apt. #, etc.

3. Mailing Address

728 1/2 N Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

05-0972396

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Max Fraser  
725 Newark street Apt. 4  
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

Name Max Fraser

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

728 1/2 N Street

City West Palm Beach

FL

Zip Code

33401

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

04-27-01

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 \$130.00

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          | President                  | <input type="checkbox"/> Delete |
| NAME           | Maxwell M. Fraser          |                                 |
| STREET ADDRESS | 725 Newark street Apt. 4   |                                 |
| CITY-ST-ZIP    | West Palm Beach, FL 33401  |                                 |
| TITLE          | Vice-President             | <input type="checkbox"/> Delete |
| NAME           | Bryan Wohlust              |                                 |
| STREET ADDRESS | 518 Clematis street Apt. 1 |                                 |
| CITY-ST-ZIP    | West Palm Beach, FL 33401  |                                 |
| TITLE          | Secretary                  | <input type="checkbox"/> Delete |
| NAME           | Chris Cartrett             |                                 |
| STREET ADDRESS | 4898 Waverly Woods Terrace |                                 |
| CITY-ST-ZIP    | Lake Worth, FL 33403       |                                 |
| TITLE          | Treasurer                  | <input type="checkbox"/> Delete |
| NAME           | Angel Lozada               |                                 |
| STREET ADDRESS | 4898 Waverly Woods Terrace |                                 |
| CITY-ST-ZIP    | West Palm Beach, FL 33403  |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | President                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Maxwell M. Fraser             |  |
| STREET ADDRESS | 728 1/2 N. Street             |  |
| CITY-ST-ZIP    | West Palm Beach, FL 33401     |  |
| TITLE          | Vice-President                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Bryan Wohlust                 |  |
| STREET ADDRESS | 729 Newark street Apt. 2      |  |
| CITY-ST-ZIP    | West Palm Beach, FL 33401     |  |
| TITLE          | Secretary                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Chris Cartrett                |  |
| STREET ADDRESS | 4898 729 Newark Street Apt. 1 |  |
| CITY-ST-ZIP    | West Palm Beach, FL 33401     |  |
| TITLE          | Treasurer                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Angel Lozada                  |  |
| STREET ADDRESS | 729 Newark street Apt. 1      |  |
| CITY-ST-ZIP    | West Palm Beach, FL 33401     |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-01

Date

561-622-7571

Daytime Phone #

CR2E034 (11/00)

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**Doorway 27, Inc**

728 1/2 N Street  
West Palm Beach, FL 33401  
561-351-7416

July 25, 2001

Florida Department Of State  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is in reference to: Doorway 27, Inc. Ref. Num: P99000111594.

I never received my Uniform Business Report for 2000. I was unaware that my corporation had been dissolved and also unaware that I owed fees for the year of 2000. Upon receiving the attached letter I called your offices and spoke to a representative who informed me that sending this letter explaining my situation along with a check for \$300 would be an appropriate action to resolve this issue. If this is not the case please contact me and inform me of the actions I need to take to rectify this situation. Thank you for your time and patience.

Sincerely,

Max Fraser  
President  
Doorway 27, Inc.  
728 1/2 N Street  
West Palm Beach, FL 33401