

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
03-27-2001 90009 019 \*\*\*150.00

**DOCUMENT # S51499**

1. Entity Name  
**AMERICAN DOOR & HARDWARE, INC.**

Principal Place of Business Mailing Address  
**1550 N MEADOWCREST BLVD 1558** **1550 N MEADOWCREST BLVD**  
**UNIT C** **UNIT C**  
**CRYSTAL RIVER FL 32629** **CRYSTAL RIVER FL 32629**

2. Principal Place of Business 3. Mailing Address  
**1558 N Meadowcrest Blvd** **1558 N Meadowcrest Blvd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Crystal River, FL** **Crystal River, FL**

Zip Country Zip Country  
**34429** **Citrus** **34429** **Citrus**

4. FEI Number **59-3065645** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**LAMPINEN, MICHAEL B** Name  
**1550 N MEADOWCREST BLVD. 1558 N Meadowcrest Blvd** Street Address (P.O. Box Number is Not Acceptable)  
**UNIT C**  
**CRYSTAL RIVER FL 32629 34429** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELCOURT, DAVID W		NAME		
STREET ADDRESS	1550 N MEADOWCREST BLVD		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		CITY-ST-ZIP		
TITLE	TP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPINEN, MICHAEL B.		NAME		
STREET ADDRESS	1550 N MEADOWCREST BLVD		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: *Michael B. Lampinen* **Michael B. Lampinen, President 1/30/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)