2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$96419

1. Entity Name

SEBRING FL 33870

FRONTDOOR ENTERPRISES, INC.

Principal Place of Busine	•
603 HOMESTEAD ST	

Mailing Address

1603 HOMESTEAD ST SEBRING FL 33870

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FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90070 046 ***150.00

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2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			C	O NOT WRITE	IN THIS SF	PACE				
City & Stat	e	City & State		4. F	El Number 5	9-3096438			pplied For ot Applicable	7		
Zip	Country	Zip	Country	5. (Certificate of Stat	us Desired		8.75 Adee Require		1		
·	6. Name and Address of Current Re	egistered Agent		7. N	lame and Addre	ss of New Reg	istered Aç	jent]		
			Name	Name								
YOUNG, LELON 1603 HOMESTEAD ST SEBRING FL 33870			Street A	Street Address (P.O. Box Number is Not Acceptable)								
							FL	Zip Cod	le	1		
8. The above	8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.											
SIGNATURE												
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	Registered Agent signati	ure required when re	instating)		DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax file NOW After MAY 1, 2 Make Check Paya			f Fee will be \$5	550.00		Campaign Finan d Contribution.	cing		00 May Be d to Fees	}		
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHAN	GES TO OFFICE	ERS AND D	DIRECTOR	S IN 11	1		
TITLE	D	□ Delete	TITLE	, <u> </u>				Change	☐ Addition	7 8		
NAME	YOUNG, LELON		NAME					- •		3		
STREET ADDRESS	1603 HOMESTEAD ST		STREET ADDRESS							13		
CITY-ST-ZIP	SEBRING FL		CITY-ST-ZIP							ا ا		
TITLE	D	☐ Delete	TITLE					Change	Addition] 5		
NAME	YOUNG, CAMILLE		NAME							1		
STREET ADDRESS	1603 HOMESTEAD ST		STREET ADDRESS									
_CITY-ST-ZIP	SEBRING FL		CITY-ST-ZIP	<u> </u>	<u> </u>				<u> </u>			
TITLE	D	☐ Delete	TITLE	Same			ļ	C hange	Addition			
NAME	SCHUCHMAN, TARA YOUNG		NAME	Some.	· 1 .	d 6	, f					
STREET ADDRESS	37 RIP ROAD		STREET ADDRESS	116 1	1berty	Hall	d.	_		}		
CITY-ST-ZIP	HANOVER NY 03753		CITY-ST-ZIP	 	ng ton	VH.	シオオ	<u> 0c</u>		_		
TITLE	D Livada a suma	☐ Delete	TITLE		•	-	. [Change	Addition			
NAME	WOOD, DANIEL O.		NAME							}		
STREET ADDRESS	27 WHITE OAK		STREET ADDRESS							}		
CITY-ST-ZIP	BLUFFTON SC		CITY-ST-ZIP							4		
TITLE		☐ Delete	TITLE					Change	Addition			
NAME OTREET ADDRESS I	RODRIGUEZ, LINDA D.		NAME									
STREET ADDRESS CITY-ST-ZIP	10903 AIRVIEW DR		STREET ADDRESS							1		
	TAMPA FL		CITY-ST-ZIP							1		
TITLE	D DODDIČLICZ EDWARD	☐ Delete	TITLE				[Change	Addition	}		
NAME CTOTET ADODESC	RODRIGUEZ, EDWARD		NAME									
STREET ADDRESS CITY-ST-ZIP	10903 AIR VIEW DR		STREET ADDRESS CITY-ST-ZIP							1		
	TAMPA FL	14 Ann - An		- 11: 0 ::	40.07/05/05			-	,	-		
13. i nelectiv	certify that the information supplied with th	is ming does not quality for th	ie exemption stat	en ill section]	Liarnv(a)(i)' Floit	ua Statutes. I fu	riner certif	y that the ii	niormation	1		

13. I hereby certify that the information supplied with this filling 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: 4

NATURE AND TYPED OF PRINTED NAME OF SIGNIFIC OFFICER OR DIRECTO

A. Young ~

3/19/200

-863-385-591(