

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90152 015 ***150.00

DOCUMENT # 246420

1. Entity Name
DAYTONA BOLT AND NUT CO.

Principal Place of Business 815 N BEACH ST P.O. BOX 1391 DAYTONA BEACH FL 32114	Mailing Address 815 N BEACH ST P.O. BOX 1391 DAYTONA BEACH FL 32114
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0936027** 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

**HAWKINS, ALFRED E
 121 S RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32014**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	P JAMES, NORMAN L	644 N HALIFAX DRIVE	ORMOND BEACH FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP JAMES, BRUCE E	41 COQUINA	ORMOND BCH FL 32174
<input type="checkbox"/> Delete	V JAMES, DAVID A	9 CROSSINGS TRAIL	ORMOND BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	S JAMES, JOYCE C	644 N. HALIFAX	ORMOND BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	V POWELL, HAROLD	2120 E. STATE RD. 40	DELEON SPGS. FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	S JAMES, GARY R	48 CHOICAW TRAIL	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	J JAMES GARY R	171 RIVERSIDE DR	ORMOND BEACH FL 32174
<input type="checkbox"/> Delete	T SCOTT, JAMES N	65 S ST ANDREWS TERRACE	ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 officers empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/22/02 (386) 253-0248**
 Daytime Phone # _____

AVI 01/07/02

CR2E034 (9/01)