2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 455592

1. Entity Name

S & R FASTENER CO., INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90260 048 ***150.00

0 4 11 1 1 1	J1214211 00.,											
Principal Place of Business 6330 118TH AVE N. LARGO FL 33773 US			Mailing Address PO BOX 17208 CLEARWATER FL 33762 US									
2. Principal Place of Business			3. Mailing Address					i 188ti) eldet ettat attet etta tat.	18 1501 MIZII A10	() Aidil Aiste Di	111 A1811 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FI	El Number 59-1531372			plied For t Applicable	
Zip	Cour	ntry	Zip		Country	<i></i>	5. C	Certificate of Status Desired		88.75 Addi ee Required		
	6. Name and Ad	idress of Current	Registered	Agent			7. N	ame and Address of New R	egistered A	gent]_
				-	Nam	е						
BUSCH, STEVEN R 6330 118TH AVE N			Street Addre			et Address (is (P.O. Box Number is Not Acceptable)					
LARGO FL							•					
E-ANGO I L	3	i i			City	<u> </u>		<u> </u>	FL	Zip Code)	1
the obligati	ions of registered as	gent.						ent, or both, in the State of Flo	rida. I am fa	amiliar with, a	and accept	
() s	Signature typed or printed	name of registered agent	and title if applic	sable. (NOTE:	Registered Agent si	ignature require	d when re	instating)	- DATE			ł
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o						/		Election Campaign Fir Trust Fund Contributio	n. 🗀	Added	0 May Be I to Fees	
10.		OFFICERS AND		RS	11.		AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS		٦,
TITLE NAME STREET ADDRESS	P BUSCH, STEVE 6330 118TH AV LARGO FL 3377	N E N	***************************************	☐ Delete	TITLE NAME STREET ADDRE	ESS				☐ Change	☐ Addition	00/01/ /20/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUSCH, PATRIC 6330 118TH AV LARGO FL 337	CIA A. E N	<u> </u>	☐ Delete	TITLE NAME STREET ADDRI	ESS		, , , , , , , , , , , , , , , , , , , ,		Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDR	1			_	☐ Change	Addition	

12. 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 10 or Block 11 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

1-29-03

727-546-8923

Daytime Phone #