

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90081 002 ***150.00

DOCUMENT # P00000106710

1. Entity Name
AIA FASTENERS, INC.

Principal Place of Business
**708 LAKE STONE CIR.
 PONTE VEDRA BEACH FL 32082**

Mailing Address
**708 LAKE STONE CIR.
 PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business
528 N. LAKEWOOD RUN DR PO BOX 1081

3. Mailing Address
PO BOX 1081

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PONTE VEDRA BEACH, FL

City & State
PONTE VEDRA BEACH, FL

4. FEI Number **59-3681059**

Applied For
 Not Applicable

Zip
32082

Country
USA

Zip
32004-1081

Country
USA

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

6. Name and Address of Current Registered Agent

**WARD, LARRY M
 708 LAKE STONE CIR.
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

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

528 N. LAKEWOOD RUN DR.

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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 **LARRY M. WARD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/12/02

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

TITLE ☐ Delete
 NAME **D WARD, LARRY M**
 STREET ADDRESS **708 LAKE STONE CIR.**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

3/12/02
 Date

(904) 703-3688
 Daytime Phone #

CR2E034 (9/01)