## **2004 FOR PROFIT CORPORATION**

CITY-ST-7IP

changed, or on an attack

**SIGNATURE:** 

## FILED **ANNUAL REPORT (AR)** Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # 196411** 1. Entity Name 04-20-2004 90036 025 \*\*\*150.00 UNITED TOOL SUPPLY CO., INC. Principal Place of Business Mailing Address 5195-102ND AVENUE NORT ₹5195-102ND AVENUE NORT PINELLAS PARK FL 33782-599 5013 20TH AVE. SOUTH US PO.BOX 530578 ST. PETERSPULG, FL33747-0578 GULFPORT, 2. Principal Place of Business 3. Mailing Address 5013 20TH P.O. BOX 5305 Suite, Apt. #. atc. ST. FUTLSBURG Suite, Apt. #, etc. CR2E034 (11/03) GULFPORT City & State City & State Applied For 4. FEI Number 59-0792768 FL FL Not Applicable Zip **3**3フロフ \$8.75 Additional 33747-0578 5. Certificate of Status Desired MELLAS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANCO, BARBARA M Street Address (P.O. Box Number is Not Acceptable) 5105-102ND AVENUE, NORTH PINELLAS PARK FL 34666-0599 1324 B YELLCAN CREEK CROSSING City Zip Code ST. PETERSBURG, FL 33707-3962 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD ☐ Addition TITLE Delete TITLE BLANCO, PETER J NAME NAME STREET ADDRESS STREET ADDRESS PINELLAS PARKTE ST. PETERSONEG, FL CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TITLE TITLE ☐ Change Addition BLANCO, BARBARA M NAME MANAS 5195-102ND AVEN 13248 PELICAN CRY. XING STREET ADDRESS PINELLAS PARK FL ST. PETERS BURG, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR