

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 246420

1. Entity Name
DAYTONA BOLT AND NUT CO.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90110 043 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0936027		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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	P JAMES, NORMAN L 644 N HALIFAX DRIVE ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James, BEVER E 9 CROSSINGS TRAIL ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES, DAVID A 9 CROSSINGS TRAIL ORMOND BCH. FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, JOYCE C 644 N. HALIFAX ORMOND BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL, HAROLD 2120 E. STATE RD. 40 DELEON SPGS. FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, GARY R 48 CHOCTAW TRAIL ORMOND BEACH FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, JAMES N 65 S ST ANDREWS TERRACE ORMOND BEACH FL 32174	TITLE NAME STREET ADDRESS 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

Gary James 4/25/01 (904) 255-0248
Date Daytime Phone #

CR2E034 (10/00)