

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 558057

1. Entity Name

FLORIDA THREADED PRODUCTS, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90013 047 \*\*\*150.00

Principal Place of Business  
3060 CLEMSON ROAD  
ORLANDO FL 32808  
US

Mailing Address  
P.O. BOX 540949  
ORLANDO FL 32854-0949  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3060 Clemson Rd  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 540949  
Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number 59-1812130  
Applied For  
Not Applicable

Zip 32808 Country USA

Zip 32854 Country USA

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

6. Name and Address of Current Registered Agent

GROGAN, BETTE  
1835 BISCAYNE DRIVE  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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

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

(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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
WAGNER, DOUGLAS M SR  
1128 WINGED FOOT CIRCLE W  
WINTER SPRINGS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GROGAN, BETTE J  
P.O. BOX 540949  
ORLANDO FL 32854

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
RAY, KATHY  
611 GROVE CT  
MAITLAND FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

*Bette J. Grogan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00  
Date

407-422-5301  
Daytime Phone #