

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 669929**

1. Entity Name

INDUSTRIAL TOOL AND DIE COMPANY**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90158 015 ***150.00

Principal Place of Business

**968 JOHN HALL DRIVE
GREEN COVE SPRINGS FL 32043
US**

Mailing Address

**PO BOX 1700
GREEN COVE SPGS FL 32043
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1996971

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BATTON, J DALE
968 HALL PARK DR.
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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**

OFFICERS AND DIRECTORS

LE ME REET ADDRESS Y-ST-ZIP	PST BATTON, JIMMIE 968 JOHN HALL DR GREEN COVE SPS FL	<input type="checkbox"/> Delete
--------------------------------------	--	---------------------------------

LE ME REET ADDRESS Y-ST-ZIP	V KOHLENBERGER, LYLE 968 JOHN HALL DR GREEN COVE SPS FL	<input type="checkbox"/> Delete
--------------------------------------	--	---------------------------------

LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
--------------------------------------	--	---------------------------------

LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
--------------------------------------	--	---------------------------------

LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
--------------------------------------	--	---------------------------------

LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
--------------------------------------	--	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)