

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90005 013 ***158.75

DOCUMENT # **759871**

1. Entity Name

BATTERY DISTRIBUTORS OF AMERICA, INC.

Principal Place of Business

**4319 40TH ST
 TAMPA, FL 33610**

Mailing Address

**1506 E. JACKSON ST
 THOMASVILLE, GA 31792**

2. Principal Place of Business

4319 40TH ST

3. Mailing Address

1506 E JACKSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

THOMASVILLE, GA

Zip

33610

Country

Zip

31792

Country

4. FEI Number

59-2139011

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIAN T HAYES
 245 E WASHINGTON ST
 MONTICELLO, FL 32844**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID GOOD	
STREET ADDRESS	12275 NE 13TH AVE	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JERRY HARRIS	
STREET ADDRESS	5060 NAVARREE RD SW	
CITY-ST-ZIP	CANTON, OH 44706	
TITLE	SEC TRES	<input type="checkbox"/> Delete
NAME	KEVIN GLASS	
STREET ADDRESS	1506 E JACKSON ST	
CITY-ST-ZIP	THOMASVILLE, GA 31792	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ED CORBETT	
STREET ADDRESS	1313 W ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	GERALD JOWERS	
STREET ADDRESS	13178 W COLONIAL DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34187	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MIKE PEACOCK	
STREET ADDRESS	385 RAINES AVE	
CITY-ST-ZIP	MALON, GA 31205	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN SUMTER	
STREET ADDRESS	106 MAGNOLIA AVE	
CITY-ST-ZIP	KNOXVILLE, TN 37939	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

KEVIN GLASS

4/24/00

912-226-6215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)