

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2001 08:00 AM****Secretary of State****DOCUMENT # 759871**

1. Entity Name

BATTERY DISTRIBUTORS OF AMERICA, INC.

Principal Place of Business

4319 40TH ST.

TAMPA
33610

FL

Mailing Address

1506 E. JACKSON ST.

THOMASVILLE
31792

US GA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2139011

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**HAYES BRIAN T
245 E WASHINGTON STMONTICELLO
32344 US

FL

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

01/28/2001

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ SAM		NAME	PEACOCK MIKE	
STREET ADDRESS	BULL STREET		STREET ADDRESS	387 RAINES AVE	
CITY-ST-ZIP	COLUMBIA SC		CITY-ST-ZIP	MACON GA 31205	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES RODNEY		NAME	JOWERS GERALD	
STREET ADDRESS	2101 WILKERSON ROAD		STREET ADDRESS	13178 W COLONIAL DR	
CITY-ST-ZIP	CHARLOTTE NC		CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD DAVID		NAME	CORBETT ED	
STREET ADDRESS	4319 40TH ST.		STREET ADDRESS	1313 W ADAMS ST	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER WALTER		NAME	GOOD DAVID	
STREET ADDRESS	5500 ORANGE AVE		STREET ADDRESS	12275 NE 13TH AVE	
CITY-ST-ZIP	FT PIERCE FL		CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS ROBBY		NAME	GLASS KEVIN	
STREET ADDRESS	1506 E. JACKSON ST.		STREET ADDRESS	1506 E. JACKSON ST.	
CITY-ST-ZIP	THOMASVILLE GA		CITY-ST-ZIP	THOMASVILLE GA	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS JERRY		NAME	HARRIS JERRY	
STREET ADDRESS	5060 NAVARRE ROAD NW		STREET ADDRESS	5060 NAVARRE ROAD NW	
CITY-ST-ZIP	CANTON OH		CITY-ST-ZIP	CANTON OH	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN GLASS**SEC****01/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)