

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 759871**

1. Entity Name

BATTERY DISTRIBUTORS OF AMERICA, INC.**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90072 021 ****70.00

Principal Place of Business

Mailing Address

**4319 40TH ST.
TAMPA FL 33610****1506 E. JACKSON ST.
THOMASVILLE GA 31792
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2139011

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAYES, BRIAN T
245 E WASHINGTON ST
MONTICELLO FL 32344**

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

FILE NOW: FEE IS \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, JERRY 5060 NAVARRE ROAD NW CANTON OH	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, ED 1506 E JACKSON ST THOMASVILLE, GA 31792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GLASS, KEVIN 1506 E. JACKSON ST. THOMASVILLE GA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASS, KEVIN 1506 E JACKSON ST THOMASVILLE, GA 31792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOOD, DAVID 12275 NE 13TH AVE MIAMI FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, DAVID 12275 NE 13TH AVE MIAMI, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, ED 1313 W ADAMS ST JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEAD, DAVID 4319 40TH ST TAMPA, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOWERS, GERALD 13178 W COLONIAL DR WINTER GARDEN FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, MIKE 387 RAINES AVE MACON GA 31205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, MIKE 5500 ORANGE AV FT PIERCE FL 34947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)