

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 759871

FILED
Apr 29, 2003
Secretary of State

Entity Name: BATTERY DISTRIBUTORS OF AMERICA, INC.

Current Principal Place of Business:

4319 40TH ST.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1506 E. JACKSON ST.
THOMASVILLE, GA 31792 US

New Mailing Address:

FEI Number: 59-2139011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAYES, BRIAN T
245 E WASHINGOTN ST
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BROOKS, ED
Address: 1506 E JACKSON ST
City-St-Zip: THOMASVILLE, GA 31792

Title: SEC () Delete
Name: GLASS, KEVIN
Address: 1506 E. JACKSON ST.
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: GOOD, DAVID
Address: 12275 NE 13TH AVE
City-St-Zip: MIAMI, FL 33161

Title: V () Delete
Name: HEAD, DAVID
Address: 4319 40TH ST
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: JOWERS, GERALD
Address: 13178 W COLONIAL DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: CLARK, MIKE
Address: 5500 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GLASS, KEVIN
Address: 1506 E. JACKSON ST.
City-St-Zip: THOMASVILLE, GA 31792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED BROOKS

S

04/29/2003

Electronic Signature of Signing Officer or Director

Date