Daytime Phone &

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # F34817 1. Entity Name SPECIALTY SCREW, INC. 04-19-2001 90008 004 ***150.00 Principal Place of Business Mailing Address 7066A ISLE OF CAPRI RD 7066A ISLE OF CAPRI RD NAPLES FL 34114 NAPLES FL 34114 TUU US 2. Principal Place of Business 3. Mailing Address 6230 COLLIER PLUD 6230 COLLIER Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2170225 MAPLES LORIDA LORIDA Not Applicable Zip Zio Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROUSSEAU, HERBERT R Street Address (P.O. Box Number is Not Acceptable) 7066A ISLE OF CAPRI ROAD 6230 COLLIER BLUD NAPLES FL 34114 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete BROUSSIAU, HERBERT R. NAME NAME 6230 COLLIER BLUP STEA 7066A ISLE OF CAPRI RD STREET ADDRESS STREET ADDRESS NAPLES FL 34114 CITY-ST-7IP CITY-ST-ZIP HAPLES FL 34114 TITLE ☐ Delete TITLE BROUSSEAU, CHRISTINE M NAME NAME 7066A ISLE OF CAPRI RD 6230 COLLIER BLUD STE A STREET ADDRESS STREET ADDRESS NAPLES FL 34114 CITY-ST-ZIP CITY-ST-ZIP HAPLES FL 34114 TITLE ☐ Delete TITLE **BROUSSEAU, PAUL** NAME NAME 7066A ISLE OF CAPRI RD 6230 COLLIER BLUD STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34114 CITY-ST-ZIP HAPLES FL 34114 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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