## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F98000001690

DOCUMENT # 1. Entity Name



**FILED** May 01, 2003 8:00 am Secretary of State
05-01-2003 90316 019 \*\*\*150.00

HAWNHEAD FRICTION, INC.											
•	ce of Business AL LOOP #158 K FL 32073	Mailing Address 200 INDUSTRIAL LOOP #158 ORANGE PARK FL 32073									
2. Principal F	Place of Business	3. Mailing Address				1	1 ( <b>50</b> 11 <b>04</b>			1930 946 199	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number		FEI Number 38-1738414		Applied For Not Applicable		}
Zip Country		Zip Count			5. Certificate of Statu		Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	egistered Agent			7. Name and Address of New Registered Agent					1
					-Name	موسده دري		يضور هي.	-20		
ROSS, RU 200 INDU	issell Strial Loop #158				Street Address (P.O. Box Number is Not Acceptable)						
ORANGE	PARK FL 32073							·			
					City			FI	Zip Coo	e	
	named entity submits this statement fo ions of registered agent.	r the purp	ose of changing its re	gistered	d office or register	red ag	ent, or both, in the State of Flor	ida. I am	familiar with	, and accept	
SIGNATURE .											
	Signature, typed or printed name of registered agent a	and title if appl	licable (NOTE: R	legistered /	Agent signature required	d when re	einstating)	DATE	_ <del></del>		}
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	l State					Election Campaign Fina     Trust Fund Contribution			00 May Be d to Fees	ļ
10.	OFFICERS AND	DIRECTO	RS	11.	· · · · · · · · · · · · · · · · · · ·	AE	DITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR	RS IN 11	
TITLE	PVC		☐ Delete	TITLE					☐ Change	☐ Addition	0/02
NAME ROSS, RUSSELL STREET ADDRESS 200 INDUSTRIAL LOOP #158			5		ADDRESS					CR2E034 (10/02)	
CITY-ST-ZIP	ORANGE PARK FL 32073			CITY-S	ST - ZIP						2E0
TITLE NAME	DYKSTRA, JOHN O		Delete	TITLE NAME					☐ Change	Addition	5
STREET ADDRESS CITY-ST-ZIP	4201 NORTH OCEAN BOULEVAR BOCA RATON FL 33431	D		STREET CITY-S	ADDRESS ST-ZIP						
TITLE NAME	TSD ROSS, CHERYLL		☐ Delete	TITLE NAME		بدر س	فالمناه المعاولات والمرادي والمعا		☐ Change	☐ Addition	
STREET ADDRESS	200 INDUSTRIAL LOOP #158			STREET	ADDRESS						
CITY-ST-ZIP	ORANGE PARK FL 32073			CITY-S	T-ZIP				☐ Change	[] Addition	ļ
TITLE NAME			☐ Delete	TITLE					□ Change	L_} Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP		· <u> </u>			C	}
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition	İ
STREET ADDRESS					ADDRESS						)
CITY-ST-ZIP				CITY-\$	T-ZIP						
title Name			☐ Delete	TITLE NAME	}				☐ Change	Addition	
STREET ADDRESS					ADDRESS					İ	
CITY-ST-ZIP				CITY-S	T-ZIP	_					
12. Thereby o	ertify that the information supplied with	this filing	does not qualify for th	e evem	ntion stated in Se	ction	119.07(3)(i) Florida Statutes Li	urther ce	ertify that the i	information	1

indicated on this report or supplied with this nimit does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Turther 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DECEPLIFY PLEATED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR