FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~839482~~ J59640

1. Entity Name

~~Boots US Pensacola~~
Security Fastener Components Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
540 New Warrington	PO Box 63
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pns Fl	City & State: Gulf Breeze FL
Zip: 32506 Country: Escambia	Zip: 32562 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2772841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: R Kendall

Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 63~~ 540 New Warrington Rd

Pensacola 32506

City: ~~Gulf Breeze~~ FL Zip Code: ~~32562~~

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pres & Sec	TITLE	200021279652
NAME	Richard Kendall	NAME	07/02/03--01080--011 **150.00
STREET ADDRESS	PO Box 63	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS	Gulf Breeze FL	STREET ADDRESS	
CITY-ST-ZIP	32562	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: R R Kendall 4/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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