

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91341 029 ***150.00

DOCUMENT # K11111

1. Entity Name

SOUTHERN BOLT AND SUPPLY, INC.

Principal Place of Business

4168 HERSCHELL ST
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 57
ORTEGA STATION
JACKSONVILLE FL 32210

2. Principal Place of Business

4503 FAYINGTON Ave
Suite, Apt. #, etc.
#9

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

Zip

Country

32210

Country

4. FEI Number

59-2963052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WALKER, WILLIAM T., III
2831 IONIC AVE.
JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

8295 COPPERFIELD CIRCLE WEST

City

FL

Zip Code

32244

7. Name and Address of New Registered Agent

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 WILLIAM T. WALKER III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WALKER, WILLIAM T., III
STREET ADDRESS 2831 IONIC AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210-0057

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8295 COPPERFIELD CIRCLE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. WALKER III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/01

CR2E034 (10/00)