

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90774 022 ***150.00

0027378 AV

DOCUMENT # K11111

1. Entity Name

SOUTHERN BOLT AND SUPPLY, INC.



Principal Place of Business

4503 IRVINGTON AVE

9

JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 57

ORTEGA STATION

JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

P O Box 1883

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Yulee, FL

Zip

Country

Zip
32041

Country

Nassau

4. FEI Number

59-2963052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WALKER, WILLIAM T., III
7878 CAHONE CT
MACLENNY FL 32063**

7. Name and Address of New Registered Agent

Name

Gloria J Fortin

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

2288 Elise Road

City

Yulee

FL

Zip Code

32097

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☒ Delete
NAME **WALKER, WILLIAM T., III**
STREET ADDRESS **7878 CAHONE CT**
CITY-ST-ZIP **MACLENNY FL 32063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☐ Change ☒ Addition
NAME **Fortin, Gloria J.**
STREET ADDRESS **2288 Elise Road**
CITY-ST-ZIP **Yulee, FL 32097**

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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

Daytime Phone #

904-225-2450

CR2E034 (10/02)