

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91405 037 ***150.00

DOCUMENT # K61409	
1. Entity Name HOL-TITE, INC.	

Principal Place of Business P O BOX 60295 ST PETE FL 33784-295 US	Mailing Address P O BOX 60295 ST PETE FL 33784-295 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2927774		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
DWYER, WILLIAM F 3580 66 TERR NO. PINELLAS PARK FL 34665		Name DWYER, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 6101 109th Ave N Pinellas Park, FL 33782 City FL Zip Code

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: William F Dwyer DATE: 04/24/03
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete PT NAME DWYER, WILLIAM F STREET ADDRESS 3580 66TH TERRACE, NORTH CITY-ST-ZIP PINELLAS PARK FL		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PT NAME DWYER, WILLIAM F STREET ADDRESS 6101 109th Ave N CITY-ST-ZIP Pinellas Park, FL 33782	
TITLE <input type="checkbox"/> Delete V NAME DWYER, MARY ANN STREET ADDRESS 3580 66TH TERRACE, NORTH CITY-ST-ZIP PINELLAS PARK FL		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V NAME DWYER, MARY ANN STREET ADDRESS 6101 109th Ave N CITY-ST-ZIP Pinellas Park, FL 33782	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

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: William F Dwyer DATE: 04/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)