

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PG0000018945

1. Entity Name

~~STONIER INFORMATION TECHNOLOGY, INC.~~

MASTER-X DISTRIBUTORS, INC.

Principal Place of Business

3131 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32246

Mailing Address

3131 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3629825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, MICHAEL P
3131 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32246

Name

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

3131 ST JOHNS BLUFF RD, STE B

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL P. WILLIAMS	
STREET ADDRESS	3131 ST JOHNS BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 addendum, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL P. WILLIAMS, PRES

APRIL 27, 2001

Date

Daytime Phone #

904-224-2006

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 91284 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



LINE-X
SPRAY-ON TRUCK BEDLINERS

June 8, 2001

Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Master-X Distributors, Inc.
My File Number 1200-01

Dear Sir/Madam:

In response to your letter to me of May 31, 2001 (Reference Number: P00000018945), a copy of which I enclose for your ready reference, enclosed please find Master-X Distributors, Inc.'s 2001 Uniform Business Report which now includes its Federal Employer Identification number as required.

Thank you.

Sincerely,

Forwarded in Michael P. Williams absence
in order to avoid delay in mailing
Michael P. Williams

MPW/dgf
enclosure

Line-X of Florida
3131 St. Johns Bluff Rd. • Suite B
Jacksonville, Florida 32246

904-380-2137
Fax: 904-394-0399
Toll Free: 866-785-2580
www.line-xflorida.com