

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91784 037 \*\*\*150.00

**DOCUMENT # P00000040312**

1. Entity Name

**DIRECTIONAL TOOLING SUPPLY AND EQUIPMENT, INC.**

Principal Place of Business

**6407 COLISEUM BLVD.  
 PT. CHARLOTTE FL 33981**

Mailing Address

**6407 COLISEUM BLVD.  
 PT. CHARLOTTE FL 33981**

2. Principal Place of Business

**6512 Coliseum Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**6512 Coliseum Blvd.**

Suite, Apt. #, etc.

City & State

**PT. Charlotte, FL**

City & State

**PT. Charlotte, FL**

Zip

**33981**

Country

**Charlotte**

Zip

**33981**

Country

**Charlotte**

4. FEI Number

**65-1003259**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FEELY, THOMAS**

**6407 COLISEUM BLVD.**

**PT. CHARLOTTE FL 33981**

7. Name and Address of New Registered Agent

Name

**FEELY, THOMAS**

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

**6512 Coliseum Blvd.**

City

**PT. Charlotte**

**FL**

Zip Code

**33981**

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

*Thomas Feely*

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

(NOTE: Registered Agent signature required when reinstating)

**4-30-02**

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, 2002 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 **FEELY, THOMAS**  
 STREET ADDRESS **6407 COLISEUM BLVD.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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  
 CITY-ST-ZIP

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

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

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

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

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:

*Thomas Feely*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02**

Date

**941-475-0543**

Daytime Phone #

CR2E034 (9/01)