

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90003 008 \*\*\*150.00

**DOCUMENT # P00000048891**

**1. Entity Name**  
**FASTEN-RITE OF FLORIDA, INC.**

**Principal Place of Business**

**2391 PINEBROOK CT**  
**OVIEDO FL 32766**

**Mailing Address**

**2391 PINEBROOK CT**  
**OVIEDO FL 32766**

**2. Principal Place of Business**

**1355 Bennett Dr**  
 Suite, Apt. #, etc.  
**Unit 125**

**3. Mailing Address**

**Same**  
 Suite, Apt. #, etc.

**City & State**

**Longwood FL**

**City & State**

**4. FEI Number**

**59-3645912**

**Applied For**

**Not Applicable**

**Zip**

**32750**

**Country**

**USA**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THOMAS, TAMMY**  
**2391 PINEBROOK CT**  
**OVIEDO FL 32766**

**7. Name and Address of New Registered Agent**

**Name**

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

**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**

*Tammy Thomas*

**6-11-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** **D** ☐ Delete  
**NAME** **THOMAS, TAMMY**  
**STREET ADDRESS** **2391 PINEBROOK CT**  
**CITY-ST-ZIP** **OVIEDO FL 32766**

**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** **Dan Thomas**  
**STREET ADDRESS** **1355 Bennett Dr Unit 125**  
**CITY-ST-ZIP** **Longwood, FL 32750**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Tammy Thomas**  
**STREET ADDRESS** **1355 Bennett Dr Unit 125**  
**CITY-ST-ZIP** **Longwood, FL 32750**

**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  
**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:**

*Tammy Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**6-11-01 | 407-831-2244**

0113676 AT

CR2E034 (5/01)

Attachment  
DHPR000989,  
A0078943  
6-11-01

We never got the first Annual form in  
January. Spoke with Carol told me to send  
this note in along with \$150.00 check for  
this.

Thank you,  
Johnny Thomas