

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064171

1. Entity Name

C.J.'S TOOLS & FASTENERS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90068 038 ***158.75

Principal Place of Business

3798 OLD JENNINGS ROAD
MIDDLEBURG FL 32068

Mailing Address

POST OFFICE BOX 843
ORANGE PARK FL 32067-0843

2. Principal Place of Business

391-C Corporate Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, Florida

City & State

4. FEI Number

59-3656107

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

32073

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTD JENNINGS, KRISTINE M 3798 OLD JENNINGS ROAD MIDDLEBURG FL 32068	<input type="checkbox"/>		<input type="checkbox"/>
VSD JENNINGS, CLAUDE J IV 3798 OLD JENNINGS ROAD MIDDLEBURG FL 32068	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-01

904-215-0700

CR2E034 (10/00)