2001 UNIFORM BUSINESS REPORT (UBR) FILED

Feb 01, 2001 8:00 am Secretary of State

02-01-2001 90068 038 ***158.75

DOCUMENT # P0000064171

1. Entity Name

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

Principal Place of Business Mailing Address										
3798 OLD JENNINGS ROAD MIDDLEBURG FL 32068		POST OFFICE BOX 843 ORANGE PARK FL 32067-0843								
							1			
,	Place of Business	3. Mailing Address								
391-C Corporate Way							**** *****	#1007 11011 FE1	991 1191 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	4. FEI Number Applied For				
Orange	Park, Florida					9-3656107			ot Applicable	
Zip	Country	Zip Coun			5. Certificate of Status Desired		□ \$	8.75 Add		
32073	6. Name and Address of Current F	Registered Agent	I			7. Name and Address of New Registered Agent				
	Italia and Ada Est. Mail Est. I	mysteres Agent		Name		HAIRE GHU MUUI 653 VI MEN NA	Areton on Wi	Jen 14		
SPIEGEL & UTRERA, P.A.				Characteristics (C.O. B. N. J. J. M.						
	ALMERIA AVENUE		Street Address (P.O. Box Number is Not Acceptable)							
CORAL GABLES FL 33134										
			T	City			FL	Zip Code	e	
R The above	e named entity submits this statement for	the purpose of changing its re	aistored .	office or regio	otorod og	ant or both in the State of Flori		Ь		
G. The above	Trained entry submits this statement for	the purpose of changing its re	gistered	office of regis	stereu agr	ant, or both, in the state of Flori	ua.		}	
SIGNATURE									Ì	
0,0,0,0,12	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	Registered Ag	gent signature requ	uired when re	nstating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			FEE IS	FEE IS \$150.00		10. Election Campaign Fina	noina		.	
	requirement and elects to do so. ria on back)	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St				Trust Fund Contribution.			0 May Be I to Fees	
11.	OFFICERS AND D		12.	artificia of a		DITIONS/CHANGES TO OFFIC	PEDO ANID D	NDECTOR	218144	
TITLE	PTD	Delete	TITLE		אר	DITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	JENNINGS, KHRISTINE M		NAME							
STREET ADDRESS	3798 OLD JENNINGS ROAD		STREET A							
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-	- ZIP						
TITLE	VSD	☐ Delete	TITLE				[Change	☐ Addition	
NAME STREET ADDRESS	JENNINGS, CLAUDE J IV 3798 OLD JENNINGS ROAD		name Street a	IDDDESC						
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-							
TITLE	IMBDELBOTA I E OLOGO	☐ Delete	TITLE	•			[Change	☐ Addition	
NAME			NAME						ľ	
STREET ADDRESS CITY-ST-ZIP			STREET A							
			CITY-ST-	-2IP					<u></u>	
TITLE NAME		☐ Delete	TITLE NAME				[Change	Addition	
STREET ADDRESS			STREET A	DDRESS						
CITY-ST-ZIP			CITY-ST-	-ZIP						
TITLE		☐ Delete	TITLE			***************************************		Change	Addition	
NAME			NAME						ļ	
STREET ADDRESS CITY-ST-ZIP			STREET AI CITY-ST-	I					ļ	
TITLE		☐ Delete				T-00			☐ Addition	
HILL	1	∟ Delete	TITLE	1			L	Change	☐ Addition	

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _3

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PREDIRECTOR

1-29-01

904-215-0700

Day