

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028173

1. Entity Name

THREADED PRODUCTS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90034 006 ***150.00

A0012495



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8504-A ADAMO DR TAMPA FL 33619 US	Mailing Address P O BOX 89037 TAMPA FL 33689-0400
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2. Principal Place of Business 3804 SYDNEY ROAD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State TAMPA CITY, FL	City & State
Zip 33567	Country USA

4. FEI Number 59-3238248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, RON SR 1020 SOUTH 86 STREET TAMPA FL 33619	7. Name and Address of New Registered Agent Name RON ROBERTS SR. Street Address (P.O. Box Number is Not Acceptable) 2302 MEDFORD LANE City BRANDON FL Zip Code 33511
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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: <i>Ronald E. Roberts Jr.</i> - President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1-20-2000

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, RON SR 2301 MEDFORD LANE BRANDON FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, RONALD E JR 935 SYMPHONY ISLES BLVD APOLLO BCH FL 33512 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR RONALD E. ROBERTS JR 10214 OASIS PALM DR TAMPA, FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBERTS, RON SR 2302 MEDFORD LN BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANDON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JUANITA 2302 MEDFORD LANE BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANDON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAND, ROBERT J 1307 CORNER OAKS DR BRANDON FL 33510 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: <i>Ronald E. Roberts Jr.</i> - President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1-20-2000 Daytime Phone #: (813) 621 6968