

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012327

1. Entity Name

MID-FLORIDA TOOL & FASTENER, INC.

Principal Place of Business

375 COMMERCE WAY  
UNIT 109  
LONGWOOD FL 32752

Mailing Address

375 COMMERCE WAY  
UNIT 109  
LONGWOOD FL 32750-7633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3299816

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, CHARLES R  
1540 LYNDAL BLVD.  
MAITLAND FL 32751

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, 2000 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 NAME ☐ Delete  
D STICKELS, BRUCE T  
STREET ADDRESS 2416 NEWMARK DR.  
CITY-ST-ZIP DELTONA FL 32738

TITLE NAME ☐ Delete  
D BRADY, TERRY M  
STREET ADDRESS 107 CHANNEL DR.  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE NAME ☐ Delete  
D HATTON, EARNEST A  
STREET ADDRESS 2717 TETON STONE RUN  
CITY-ST-ZIP ORLANDO FL 32828

TITLE NAME ☐ Delete  
D KROL, ALAN  
STREET ADDRESS 477 BURNT TREE LANE  
CITY-ST-ZIP APOPKA FL 32712

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

407-834-6761

Date

Daytime Phone #

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90113 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE