

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90498 014 ***150.00

0062741

DOCUMENT # P95000012327

1. Entity Name

MID-FLORIDA TOOL & FASTENER, INC.

Principal Place of Business

Mailing Address

**375 COMMERCE WAY
 UNIT 109
 LONGWOOD FL 32752**

**375 COMMERCE WAY
 UNIT 109
 LONGWOOD FL 32752**

2. Principal Place of Business

1051 CENTRAL PARK DR.

3. Mailing Address

1051 CENTRAL PARK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL.

City & State

SANFORD FL.

4. FEI Number

59-3299816

Applied For

Not Applicable

Zip

Country

32771 USA

Zip

Country

32771 USA

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **824 SILK OAK TERRACE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **824 W. CHARING CROSS CIRCLE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)