

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90127 010 \*\*\*150.00

**DOCUMENT # P96000096638**

1. Entity Name  
**J.D. INDUSTRIAL SUPPLIES, INC.**

Principal Place of Business

**28 SANIBEL DRIVE  
 FAIRPORT NY 14450**

Mailing Address

**28 SANIBEL DRIVE  
 FAIRPORT NY 14450**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3412329**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**LINDEMANN, KATHLEEN P E.A.  
 1467 S. MISSOURI AVENUE  
 CLEARWATER FL 33756**

*The Bonadio Group*

Name *The Bonadio Group*  
 Street Address (P.O. Box Number is Not Acceptable) *111 Sully Trail Suite 201*  
 City *Pitts* **FL** Zip Code

*This is correct*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **PSTD WILCOX, DAVID**  
 STREET ADDRESS **28 SANIBEL DRIVE**  
 CITY-ST-ZIP **FAIRPORT NY 14450**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*9/9/02* *585-377-8907*

CR2E034 (4/02)

attachment 074768  
P96000096638

To. Whom it may concern:

Please find enclosed my Uniform Business Report. Along with a check for \$150<sup>00</sup>.

- I spoke with Kathy on the phone and explained that I never received my (UBR) for the earlier filing. She said to send in the one I have with a check and a letter of explanation.

Sincerely

David Wilcox

owner

J D Industrial Supplies

585-377-8907