FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90065 013 ***163.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051907

1. Entity Name: G-Bolt Products, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 180 Cassia Blvd. Suite, Apt. #, etc.
City & State: Satellite Beach, FL.
Zip: 32937 Country: USA

3. Mailing Address: 180 Cassia Blvd. Suite, Apt. #, etc.
City & State: Satellite Beach, FL.
Zip: 32937 Country: USA

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4. FEI Number: 59-3454039 Applied For / Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: William Keith Courtney, Jr.
Street Address (P.O. Box Not Acceptable): 180 Cassia Blvd.
City: Satellite Beach FL 32937

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: W Courtney II - owner
Typed or printed name of person signing & capacity, title or status

9. This corporation is eligible to specify its intangible tax filing requirement and elects to do so (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution X $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P,T,S,D,C,MD NAME William Keith Courtney, Jr. STREET ADDRESS 180 Cassia Blvd. CITY-ST-ZIP Satellite Beach, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12-01)

13. I hereby certify that the information supplied with this filing, when accepted by the Department, is in Section 607.0193(5), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an oath or affirmation under the penalties of perjury 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 on an attached sheet with an address with all blanks completed.

SIGNATURE: W Courtney II
SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone