

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90127 047 ***150.00

DOCUMENT # P97000051907

1. Entity Name
G-BOLT PRODUCTS, INC.



Principal Place of Business
180 CASSIA BLVD.
SATELLITE BEACH FL 32937

Mailing Address
180 CASSIA BLVD.
SATELLITE BEACH FL 32937
US

2. Principal Place of Business
219 S.E. Crosspoint DR.
Suite, Apt. #, etc.

3. Mailing Address
219 S.E. Crosspoint DR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie, FL
Zip
34983
Country
USA

City & State
Port St. Lucie, FL
Zip
34983
Country
USA

4. FEI Number **59-3454039**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COURTNEY, WILLIAM K JR.
180 CASSIA BLVD.
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name **Courtney, William K. Jr.**
Street Address (P.O. Box Number is Not Acceptable)
219 S.E. Crosspoint DR.
City **Port St. Lucie** **FL** **Zip Code** **34983**

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 *W.K. Courtney*

4-28-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	COURTNEY, WILLIAM K JR.	
STREET ADDRESS	180 CASSIA BLVD.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Courtney, William K. Jr.	
STREET ADDRESS	219 S.E. Crosspoint DR.	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

4-28-03

Date

321.228.8443

Daytime Phone #

CR2E034 (10/02)