2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # P98000047877 FORE HEAD THREADS, INC. 01-21-2000 90050 021 ***150.00 Principal Place of Business Mailing Address 11221-6 ST. JOHNS INDUSTRIAL PKWY 11221-6 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246-6678 JACKSONVILLE EL 32246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3513289 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BRANT, MOORE, MACDONALD & WELLS, P.A. nber is Not Acceptable) **50 N LAURA STREET SUITE 3100** JACKSONVILLE FL 32202 8. The above named entity submits this state nent fpr the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if ap FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete ☐ Change ☐ Addition TITLE PERRY, SCOTT STREET ADDRESS 7958 QUAILWOOD DR STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HOPKINS, TED NAME NAME STREET ADDRESS 11221-6 ST. JOHNS INDUSTRIAL PKWY STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32246 CITY-ST-ZIP ☐ Addition **Delete** Change TITLE TITLE PIKE, TIMOTHY S NAME NAME 11221-6 ST. JOHNS INDUSTRIAL PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32246 ☐ Delete Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SENING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: