

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 02, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000047877**1. Entity Name
FORE HEAD THREADS, INC.

Principal Place of Business 11221-6 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246	Mailing Address 11221-6 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246
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2. Principal Place of Business 5226 BEACH BLVD.	3. Mailing Address 5226 BEACH BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32207	Country	Zip 32207	Country
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4. FEI Number 59-3513289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERRY SCOTT
1958 QUAILWOOD DR

JACKSONVILLE FL 32256 US

7. Name and Address of New Registered Agent

Name
PERRY SCOTT
Street Address (P.O. Box Number is Not Acceptable)
7958 QUAILWOOD DR

City
JACKSONVILLE FL Zip Code
32256

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 _____ **01/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS TED 11221-6 ST. JOHNS INDUSTRIAL PKWY JACKSONVILLE FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY SCOTT 7958 QUAILWOOD DR JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS TED 51 SEMINOLE REACH DR. JACKSONVILLE FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Scott Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 01/02/2001

Date

Daytime Phone #

CR2E034 (11/00)