

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000051426****1. Entity Name**
FASTENERS DIRECT, INC.**Principal Place of Business**

160 BAYWOOD AVE., SUITE 100

LONGWOOD
32750

FL

Mailing Address

160 BAYWOOD AVE., SUITE 100

LONGWOOD
32750

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3584799**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKIMELMAN JAY
160 BAYWOOD AVE., SUITE 100LONGWOOD FL
32750**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

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

(NOTE: Registered Agent signature required when reinstating)

04/21/2000

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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**TITLE D ☐ Delete
NAME KIMELMAN DAVID
STREET ADDRESS 621 SILVER BIRCH PL.
CITY-ST-ZIP LONGWOOD FL 32750TITLE D ☐ Delete
NAME KIMELMAN ROBERT
STREET ADDRESS 126 ABERDEEN CIR. NORTH
CITY-ST-ZIP SANFORD FL 32773TITLE D ☐ Delete
NAME KIMELMAN JAY
STREET ADDRESS 126 ABERDEEN CIR. NORTH
CITY-ST-ZIP SANFORD FL 32750TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DP ☒ Change ☐ Addition
NAME KIMELMAN DAVID
STREET ADDRESS 621 SILVER BIRCH PL.
CITY-ST-ZIP LONGWOOD FL 32750TITLE DTS ☒ Change ☐ Addition
NAME KIMELMAN ROBERT
STREET ADDRESS 126 ABERDEEN CIR. NORTH
CITY-ST-ZIP SANFORD FL 32773TITLE D/V ☒ Change ☐ Addition
NAME KIMELMAN JAY
STREET ADDRESS 126 ABERDEEN CIR. NORTH
CITY-ST-ZIP SANFORD FL 32750TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:** Jay Kimelman

D/V 04/21/2000