

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90216 020 \*\*\*150.00

**DOCUMENT # P99000077067**

1. Entity Name

**THREADCO FASTENERS & SUPPLY INC.**

00010001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~2831 MEADOW WOOD DR.~~  
~~CLEARWATER FL 33761~~~~2831 MEADOW WOOD DR.~~  
~~CLEARWATER FL 33761~~

2. Principal Place of Business

**2930 HILLCREEK CIR. S.**

3. Mailing Address

**2930 HILLCREEK CIR. S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**CLEARWATER, FL**

City &amp; State

**CLEARWATER, FL**

Zip

**33759**

Country

**USA**

Zip

**33759**

Country

**USA**

4. FEI Number

**59-3601751**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, JAMES J**  
**2831 MEADOW WOOD DR.**  
**CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

**James J. Williams**

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

**2930 HILLCREEK CIR. S.**

City

**CLEARWATER**

FL

Zip Code

**33759**

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

*James J. Williams*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/7/01**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, 2001 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 **P** ☐ Delete  
NAME **WILLIAMS, JAMES J**  
STREET ADDRESS **2131 MEADOW WOOD DR**  
CITY-ST-ZIP **CLEARWATER FL 33761**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2930 HILLCREEK CIR. S.**  
CITY-ST-ZIP **CLEARWATER, FL 33759**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James J. Williams*

Date

**2/7/01**

Daytime Phone #

**727-791-9152**

CR2E034 (10/00)