

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90408 003 ***150.00

DOCUMENT # P99000104438

1. Entity Name
INDUSTRIAL STRENGTH, INC.

Principal Place of Business

2700 MIRANDA WAY SOUTH
ST. PETERSBURG FL 33712

Mailing Address

2700 MIRANDA WAY SOUTH
ST. PETERSBURG FL 33712

2. Principal Place of Business

1280 Court Street
Suite, Apt. #, etc.

3. Mailing Address

1280 Court Street
Suite, Apt. #, etc.

00029548



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater, FL

4. FEI Number

59-3610228

Applied For

Not Applicable

Zip

33756

Country

Pinellas

Zip

Pinellas

Country

33756

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HADDEN, FREDRICK D
2700 MIRANDA WAY SOUTH
ST. PETERSBURG FL 33712

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 **Fredrick Douglas Hadden** **Fredrick Douglas Hadden** **03/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with reinstating) 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, 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 **President, CEO** ☐ Delete
NAME **HADDEN, FREDRICK D**
STREET ADDRESS **2700 MIRANDA WAY SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **Vice President, Chief Financial Officer** ☐ Delete
NAME **C. Dolores Abad**
STREET ADDRESS **1280 Court Street**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

C. Dolores Abad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/01
Date

727-443-7400
Daytime Phone #

CR2E034 (10/00)

0624283