

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90175 034 \*\*\*150.00

**DOCUMENT # S85034**

1. Entity Name

**J.M.S. SCREW PRODUCT CORP.**

Principal Place of Business

**16161 FLIGHT PATH DR  
 AIRPORT INDUSTRIAL PARK  
 SPRING HILL FL 34609  
 US**

Mailing Address

**16161 FLIGHT PATH DR  
 AIRPORT INDUSTRIAL PARK  
 SPRING HILL FL 34609  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**16161 FLIGHT PATH DR.**

Suite, Apt. #, etc.

**Airport Industrial Park**

**BROOKSVILLE FL**

Zip

**34604**

Country

**USA**

3. Mailing Address

**16161 FLIGHT PATH DR.**

Suite, Apt. #, etc.

**Airport Industrial Park**

**BROOKSVILLE FL**

Zip

**34604**

Country

**USA**

4. FEI Number

**59-3086572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REILLY, JAMES JR  
 16161 FLIGHT PATH DR  
 AIRPORT INDUSTRIAL PARK  
 BROOKSVILLE FL 34604**

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)

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, 2002 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 **PD** ☐ Delete  
 NAME **REILLY, JAMES JR**  
 STREET ADDRESS **16161 FLIGHT PATH RD.**  
 CITY-ST-ZIP **BROOKSVILLE FL 34604**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:

**James Reilly** REGISTERED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/29/02**

Daytime Phone #

**(352) 796 5411**

CR2E034 (9/01)