

2000 UNIFORM BUSINESS REPORT (UBR)

0020075

DOCUMENT # V63611

1. Entity Name

BOLTON GROUP, INC.

FILED
SECRETARY OF STATE
CORPORATIONS

00 NOV -6 AM 10:23

Principal Place of Business

ROUTE 13, BOX 318
FRONTIER DRIVE
LAKE CITY FL 32055

Mailing Address

ROUTE 13, BOX 318
FRONTIER DRIVE
LAKE CITY FL 32055-9049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Power Country, Inc.
P.O. Box 2529
Lake City, FL 32056-2529



REINSTATEMENT

4. FEI Number 63-1075383

Applicable or Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current

HENDRICKSON, ROBERT
ROUTE 13, BOX 318
FRONTIER DRIVE
LAKE CITY FL 32055

Name RONALD H. PERCOCK

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

AT. 13 BOX 318

FRONTIER DRIVE

City LAKE CITY

FL

Zip Code 32055

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: *Ronald H. Percock 2-11-00*

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, 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
NAME BOLTON, LOUIS D., II
STREET ADDRESS 3821 COVE DRIVE
CITY-ST-ZIP BIRMINGHAM AL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100003481841--8
-11/30/00--01095--001
*****750.00 *****750.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

904-755-4102

Daytime Phone #

CR 2034 (9/99)