

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 427984

Entity Name: BELTRAM EDGE TOOL SUPPLY, INC.

Current Principal Place of Business:

6800 N. FLORIDA AVE
TAMPA, FL 33604

FILED
Apr 16, 2020
Secretary of State
4845429337CC

Current Mailing Address:

6800 N. FLORIDA AVE
TAMPA, FL 33604 US

FEI Number: 59-1468996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CEO, AUTHORIZED SIGNATORY
Name WHYTE, IAIN
Address 6800 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33604

Title SECRETARY
Name GERSHMAN, DAVID
Address 550 SOUTH DIXIE HIGHWAY
SUITE 300
City-State-Zip: CORAL GABLES FL 33146

Title CFO, AUTHORIZED SIGNATORY
Name KEARNEY, MARGARET
Address 6800 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33604

Title AUTHORIZED SIGNATORY
(CONTRACTS)
Name STANFORD, CAROL
Address 6800 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33604

Title AUTHORIZED SIGNATORY
(CONTRACTS)
Name POLEWASKI, XIOMARA
Address 6800 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33604

Title CHAIRMAN, AUTHORIZED
SIGNATORY
Name GROSS, JORGE A
Address 550 S. DIXIE HWY #300
City-State-Zip: CORAL GABLES FL 33146-2701

Title EXECUTIVE VICE PRESIDENT,
AUTHORIZED SIGNATORY
Name TEMPLETON, TROY D
Address 550 S. DIXIE HWY #300
City-State-Zip: CORAL GABLES FL 33146-2701

Title ASSISTANT SECRETARY
Name CALDERON, MICHELSA
Address 550 S. DIXIE HWY #300
City-State-Zip: CORAL GABLES FL 33146-2701

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELSA CALDERON

ASSISTANT SECRETARY 04/16/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DESIGN PRINCIPAL, IFDT, AUTHORIZED
 SIGNATORY (CONTRACTS)
Name TRUJILLO, TIM
Address 6800 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33604