## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 855913** Mar 13, 2000 8:00 am 1. Entity Name Secretary of State BEARINGS & DRIVES, INC. 03-13-2000 90012 023 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 4325 607 LOWER POPLAR ST. MACON GA 31208-4325 MACON GA 31201 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-0536016 Not Applicable \_Country\_ \$8.75 Additional .... .Country.\_\_-\_\_خدZi⊃ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAINEY, HOWARD WILLIAM Street Address (P.O. Box Number is Not Acceptable) 401 SW 33RD AVE OCALA FL 34474 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition ☐ Delete NATIONS, MICHAEL T NAME NAME STREET ADDRESS 607 LOWER POPLAR ST STREET ADDRESS CITY-ST-ZIP MACON GA CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHAPMAN, WILLIAM L. NAME NAME 3014 WENDOVER RD. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP VALDOSTA GA Change ☐ Addition ☐ Delete TITLE NATIONS, ANDREW H NAME NAME 607 LOWER POPLAR STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MACON GA CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NICHOLSON, CHARLES R NAME 607 LOWER POPLAR ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MACON GA CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition Linda S. Miller NAME MAME GOT Lower Poplar St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MALON, GA Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #