

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90134 044 \*\*\*150.00

**DOCUMENT # 169716**

1. Entity Name  
**BERT LOWE SUPPLY COMPANY**

Principal Place of Business      Mailing Address  
**5402 E DIANA STREET**      **5402 E DIANA STREET**  
**PO BOX 11517**      **PO BOX 11517**  
**TAMPA FL 33680**      **TAMPA FL 33680**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0675666		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>HART, RICHARD W</b> <b>706 MCDONALD ROAD</b> <b>PLANT CITY FL 33566</b>				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 Richard W. Hart, Chief Operating Officer *Richard W. Hart*      DATE 01/08/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIDWELL, ROBERT		NAME		
STREET ADDRESS	1346 SUMMIT CHASE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANDLEY, LEON H		NAME		
STREET ADDRESS	1621 SPRING LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, RICHARD W		NAME		
STREET ADDRESS	706 MCDONALD ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZGERALD, CHARLES E		NAME		
STREET ADDRESS	2723 MEDULLA RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33811		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, J. F.		NAME		
STREET ADDRESS	607 ORANGE LAWN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EADY, JOHN A		NAME		
STREET ADDRESS	8616 HARRISON RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		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: *[Signature]*      Date 1-8-02      Daytime Phone # 863-665-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)