

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90061 018 ***150.00

DOCUMENT # 586103

1. Entity Name

UMATILLA HARDWARE, INC.

Principal Place of Business

811 N. CENTRAL AVENUE
 UMATILLA FL 32784
 US

Mailing Address

811 N. CENTRAL AVENUE
 UMATILLA FL 32784-8685
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~59-1840766~~
 59-1846066

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, ROY C.
723 SUNRISE DR
EUSTIS FL 32726

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	CARTER, ROY C.		
	SUNRISE DRIVE LAKE JONNA		
	EUSTIS FL		
VP	CARTER, ROYCADE, JR.		
	SUNRISE DRIVE LAKE JONNA		
	EUSTIS FL		
S	CARTER, DELORIS P.		
	SUNRISE DRIVE LAKE JONNA		
	EUSTIS FL		
T	WILSON, DEEANN		
	24517 SOUTHEAST HWY 450		
	UMATILLA FL		
VP	WILSON, CHARLES		
	24517 SOUTHEAST HWY 450		
	UMATILLA FL		

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: *Charles Wilson* **CHARLES WILSON**

Date: **4/13/00** Daytime Phone #: **(352)669-3411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)