

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90840 007 \*\*\*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  
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 **59-1846066**

Applied For

Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	CARTER, ROY C.	SUNRISE DRIVE LAKE JONNA	EUSTIS FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	CARTER, ROYCADE, JR.	SUNRISE DRIVE LAKE JONNA	EUSTIS FL	<input type="checkbox"/>	<input type="checkbox"/>
S	CARTER, DELORIS P.	SUNRISE DRIVE LAKE JONNA	EUSTIS FL	<input type="checkbox"/>	<input type="checkbox"/>
T	WILSON, DEEANN	24517 SOUTHEAST HWY 450	UMATILLA FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	WILSON, CHARLES	24517 SOUTHEAST HWY 450	UMATILLA FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/3

352 669 3411

Date

Daytime Phone #

CR2E034 (10/02)