2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J81368** 1. Entity Name JUPITER HARDWARE AND SUPPLY CORPORATION Principal Place of Business Mailing Address

FILED Feb 08, 2001 8:00 am Secretary of State 02-08-2001 90019 014 ***150.00

9250 W. INDIAN A102 JUPITER FL 334 US		% CYRUS E. HOLLANDER 6422 FOX RUN CIRCLE JUPITER FL 33458				. 4990A				
2. Principal P	lace of Business	3. Mailing Address			1					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	DO NOT WRIT	E IN THIS S	PACE		
City & State	е	City & State			4. F	3877033 130			plied For Applicable	
Zip	Country	Zip Coun		"у	5. (8.75 Addi	8.75 Additional	
	6. Name and Address of Current R	egistered Agent			7. N	lame and Address of New R				
HOLLANDER, CYRUS E. 6422 FOX RUN CIRCLE JUPITER FL 33458			-	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	registere	d office or regist	ered age	ent, or both, in the State of Flo	rida.	•		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signature requir	red when re	instating)	DATE	<u> </u>		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fin Trust Fund Contribution			0 May Be to Fees	
11.	OFFICERS AND DIRECTORS 1				AD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	P HOLLANDER, CYRUS E. 6422 FOX RUN CIRCLE	☐ Delete ·		T ADDRESS				☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jupiter Fl. St Hollander, Kerry E. 6422 Fox Run Circle Jupiter Fl.	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete ~		T ADDRESS ST-ZIP	•••	-	• •	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP				Change	Addition	
13. I hereby o	certify that the information supplied with t	his filing does not qualify for	the exen	nption stated in t	Section 1	119.07(3)(i), Florida Statutes.	further cert	ify that the in	formation or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.