

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90419 013 \*\*\*150.00

**DOCUMENT # 228958**

1. Entity Name

**ACE G & H HARDWARE COMPANY**

Principal Place of Business

ACE G & H HARDWARE, INC.  
 2087 EDGEWATER DR., UNIT G  
 CLEARWATER FL 33755  
 US

Mailing Address

2087 EDGEWATER DRIVE  
 UNIT G  
 CLEARWATER FL 33755  
 US

2. Principal Place of Business

**847 MICHELE CIRCLE**

Suite, Apt. #, etc.

3. Mailing Address

**847 MICHELE CIRCLE**

Suite, Apt. #, etc.

City & State

**DUNEDIN, FL**

City & State

**DUNEDIN, FL**

Zip

**34698**

Country

**PINELLAS**

Zip

**34698**

Country

**PINELLAS**

6. Name and Address of Current Registered Agent

GEIST, D  
 2087 EDGEWATER DR., UNIT G  
 CLEARWATER FL 34615

*address Change*

7. Name and Address of New Registered Agent

Name

**GEIST, D**

Street Address (P.O. Box Number is Not Acceptable)

**847 MICHELE CIRCLE**

City

**DUNEDIN**

FL

Zip Code

**34698**

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 **GEIST, D**

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

*David Geist*

(NOTE: Registered Agent signature required when reinstating)

**3/20/2001**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so: ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 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

TITLE **VSD** ☐ Delete  
 NAME **GEIST, JOANNE**  
 STREET ADDRESS **2087 EDGEWATER, DRIVE, UNIT G**  
 CITY-ST-ZIP **CLEARWATER FL** *address Change*

TITLE **PTD** ☐ Delete  
 NAME **GEIST, D**  
 STREET ADDRESS **2087 EDGEWATER DRIVE, UNIT G**  
 CITY-ST-ZIP **CLEARWATER FL** *address Change*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** ☒ Change ☐ Addition  
 NAME **GEIST, JOANNE**  
 STREET ADDRESS **847 MICHELE CIRCLE**  
 CITY-ST-ZIP **DUNEDIN, FL** **34698**

TITLE **PTD** ☒ Change ☐ Addition  
 NAME **GEIST, D**  
 STREET ADDRESS **847 MICHELE CIRCLE**  
 CITY-ST-ZIP **DUNEDIN, FL** **34698**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: *David Geist*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEIST, DAVID**

DATE

**3/20/2001**

DAYTIME PHONE #

**727-734-4797**

CR2E034 (10/00)

0364443