

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 197253

1. Entity Name

METCALFE HARDWARE CO INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90128 017 ***150.00

Principal Place of Business

Mailing Address

P O BOX 757
 LAKE BYRD BLVD.
 AVON PARK FL 33825

P O BOX 757
 LAKE BYRD BLVD.
 AVON PARK FL 33826-0757

CUU84514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0782192

Applied For

Not Applicable

Zip

Country

Zip

Country

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

METCALFE, CHARLES G., SR.
 LAKE BYRD BLVD.
 AVON PARK FL 33825

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

TITLE	P	<input type="checkbox"/> Delete
NAME	METCALFE, SR., CHARLES G	
STREET ADDRESS	P.O. BOX 757, 7EAST MAIN STREET	
CITY-ST-ZIP	AVON PARK FL 33826	
TITLE	VP	<input type="checkbox"/> Delete
NAME	METCALFE, JR., CHARLES G	
STREET ADDRESS	7 EAST MAIN STREET	
CITY-ST-ZIP	AVON PARK FL 33826	
TITLE	ST	<input type="checkbox"/> Delete
NAME	METCALFE, MARION D	
STREET ADDRESS	7 E. MAIN STREET	
CITY-ST-ZIP	AVON PARK FL 33826	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Charles G. Metcalfe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phs.

4-24-00

Date

863 453 3253

Daytime Phone #

CR2E034 (9/99)