

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
 Zip
34698 Country
PINELLAS

City & State
DUNEDIN, FL
 Zip
34698 Country
PINELLAS

4. FEI Number **59-0899763** Applied For
 Not Applicable

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

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** *David Geist* **3/20/2001**
 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD	☐ Delete	TITLE	VSD	☒ Change ☐ Addition
NAME	GEIST, JOANNE		NAME	GEIST, JOANNE	
STREET ADDRESS	2087 EDGEWATER, DRIVE, UNIT G		STREET ADDRESS	847 MICHELE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL <i>address Change</i>		CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	PTD	☐ Delete	TITLE	PTD	☒ Change ☐ Addition
NAME	GEIST, D		NAME	GEIST, D	
STREET ADDRESS	2087 EDGEWATER DRIVE, UNIT G		STREET ADDRESS	847 MICHELE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL <i>address Change</i>		CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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* **GEIST, DAVID** **3/20/2001** **727-734-4797**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #