## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOGUMENT# 144547 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** GROVES HARDWARE PAINT AND LUMBER CO., INC. 03-14-2000 90049 029 \*\*\*150.00 Principal Place of Business Mailing Address 1417 South State Road #7 1417 South State Road #7 Ft. Lauderdale, FL 33317 Ft. Lauderdale, FL 820021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-0920400 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name<sup>\*</sup> Bazel, Dorothy Street Address (P.O. Box Number is Not Acceptable) 1607 North 29th Avenue Hollywood, FL 33020 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete DILE Bazel, Alan NAME 3230 North 47th Avenue STREET ADDRESS STREET ADDRESS Hollywood, FL 33021 CITY-ST-7IE CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE Bazel, Barry NAME NAME 1607 North 29th Avenue STREET ADDRESS STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition Bazel, Dorothy NAME NAME 1607 North 29th Avenue STREET ADDRESS STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

DOROTHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF