

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 339253

1. Entity Name

PARKER-MAHN ACE HARDWARE INC

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90033 043 ***150.00



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------|---|
| Principal Place of Business | Mailing Address |
| 3700 FOWLER ST FORT MYERS FL 33901 | 3700 FOWLER ST FORT MYERS FLA 33901-0930 |

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-1228740 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent |
| MAHN, MARY J 3700 FOWLER ST FT MYERS FL 33901 |

| | | |
|--|----|----------|
| 7. Name and Address of New Registered Agent | | |
| 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 _____ (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 | |
|----------------------------|---|
| TITLE | STD <input type="checkbox"/> Delete |
| NAME | SCHMITT, JENCYE E |
| STREET ADDRESS | 3 CHULA COURT |
| CITY-ST-ZIP | FT MYERS, FL 00000 33901 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MAHN, C MAXINE |
| STREET ADDRESS | 3580 CATARMAN |
| CITY-ST-ZIP | ST. JAMES CITY FL 33956 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MAHN, CARLE C |
| STREET ADDRESS | 3580 CATARMAN |
| CITY-ST-ZIP | ST. JAMES CITY FL |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | MAHN, TOM C |
| STREET ADDRESS | 3580 CATARMAN |
| CITY-ST-ZIP | ST. JAMES CITY FL |
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | MAHN, MARY J |
| STREET ADDRESS | 8942 CREST LANE |
| CITY-ST-ZIP | FT MYERS, FL 00000 33907 |
| TITLE | VD <input checked="" type="checkbox"/> Delete |
| NAME | SCHMITT, JERRY |
| STREET ADDRESS | 3 CHULA COURT |
| CITY-ST-ZIP | FT MYERS, FL 00000 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: MARY J. MAHN President Date: 4/3/00 Daytime Phone #: (941) 936-7863

CR2E034 (9/99)