2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90300 013 ***150.00

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DOCUMENT # 351373

1. Entity Name
SPRINGS HARDWARE & SUPPLY INC

Principal Place of Business	Mailing Address
3704 SUNCOAST BLVD HOMOSASSA SPRINGS FL 34447	P O BOX 430 N/A HOMOSASSA SPRINGS FL 34447 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4073 S WINDING OAKS DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMOSASSA SPRINGS FL 34446	City & State
Zip: 34446 / Country	Zip / Country

4. FEI Number 59-1267674 ☐ Applied For ☐ Not Applicable

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
PETERSON, DOROTHY 4981 DEEPWATER PT. HOMOSASSA SPRGS. FL 32647	Name Street Address (P.O. Box Number is Not Acceptable): 4073 S WINDING OAKS DRIVE City: HOMOSASSA SPRINGS **FL** Zip Code: 34446

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PETERSON, THOMAS W 7933W FERN PLACE HOMOSASSA SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETERSON, JAMES A JR 4261 S PENCIL POINT HOMOSASSA SPRING FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETERSON, DOROTHY L 4981 DEEPWATER POINT HOMOSASSA SPRING FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4073 S WINDING OAKS DRIVE HOMOSASSA SPRINGS FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Dorothy L. Peterson Pres 2-28-01 352-628-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dorothy L. Peterson