

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90300 013 \*\*\*150.00

0549740

**DOCUMENT # 351373**

1. Entity Name

**SPRINGS HARDWARE & SUPPLY INC**

Principal Place of Business

**3704 SUNCOAST BLVD  
HOMOSASSA SPRINGS FL 34447**

Mailing Address

**P O BOX 430 N/A  
HOMOSASSA SPRINGS FL 34447  
US**

2. Principal Place of Business

**4073 S WINDING OAKS DRIVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**HOMOSASSA SPRINGS FL 34446**

City & State

Zip

**34446**

Country

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

**PETERSON, DOROTHY  
4981 DEEPWATER PT.  
HOMOSASSA SPRGS. FL 32647**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME **ST PETERSON, THOMAS W**  
STREET ADDRESS **7933W FERN PLACE**  
CITY-ST-ZIP **HOMOSASSA SPRINGS FL**

TITLE ☐ Delete  
NAME **VD PETERSON, JAMES A JR**  
STREET ADDRESS **4261 S PENCIL POINT**  
CITY-ST-ZIP **HOMOSASSA SPRING FL**

TITLE ☐ Delete  
NAME **PD PETERSON, DOROTHY L**  
STREET ADDRESS **4981 DEEPWATER POINT**  
CITY-ST-ZIP **HOMOSASSA SPRING FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4073 S WINDING OAKS DRIVE**  
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34446**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Dorothy L. Peterson Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-01

Date

352-628-3411

Daytime Phone #

CR2E034 (10/00)