

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387277

1. Entity Name

BABE'S HARDWARE, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90054 046 ***158.75

Principal Place of Business

450 N. INDIANA AVENUE
ENGLEWOOD FL 34223
US

Mailing Address

140 MIAMI AVE E.
VENICE FL 34285-2406
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1479730**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ISPHORDING, ROGER
901 VENETIA BAY BLVD
VENICE FL 34292

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☐ Delete
DALTON, M.M.
118 SUNAIRE TERR.
NOKOMIS FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST ☐ Delete
DALTON, PATRICIA
118 SUNAIRE TERR.
NOKOMIS FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
DALTON, JOSEPH P.
1218 VERMEER DR.
NOKOMIS FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
DALTON, MICHAEL
405 FAUN RD.
VENICE FL 34293

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.M. Dalton

3/28/00

Date

941-488-2402

Daytime Phone #