

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 440507

1. Entity Name

PARKER-FRENCH ACE HARDWARE, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90017 028 \*\*\*150.00

Principal Place of Business

14308 PALM BEACH BLVD  
FORT MYERS FL 33905

Mailing Address

14308 PALM BEACH BLVD  
FORT MYERS FL 33905  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1494621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRENCH JR, ROBERT L  
15464-10 ADMIRALTY CIR  
N FT MYERS FL 33917

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

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	V	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, EDNA M	
STREET ADDRESS	15464-10 ADMIRALTY CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PARKER, JOSEPH R	
STREET ADDRESS	2981 STYLES RD	
CITY-ST-ZIP	ALVA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARKER, SANDRA J	
STREET ADDRESS	2981 STYLES RD	
CITY-ST-ZIP	ALVA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRENCH JR, ROBERT L	
STREET ADDRESS	15464-10 ADMIRALTY CIR	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FRENCH, CHERYL L	
STREET ADDRESS	15464-10 ADMIRALTY CIR	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. FRENCH, JR

Date

4/19/01

Daytime Phone #

941-694-3958

CR2E034 (10/00)