2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 507504** Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** ACE HARDWARE COMPANY OF INVERNESS, INC. 03-20-2000 90027 035 ***150.00 Principal Place of Business Mailing Address 375 HIGHLAND BLVD. 375 HIGHLAND BLVD. INVERNESS FL 34452 INVERNESS FL 32652 VALUATION 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-1717624 Not Applicable Zip -~Zip~ Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUTEAU, AUDREY Street Address (P.O. Box Number is Not Acceptable) 375 E HIGHLAND BLVD **INVERNESS FL 34452** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE RACKLEY, HARRY NAME NAME STREET ADDRESS STREET ADDRESS 375 HIGHLAND BLVD. CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL ☐ Change ☐ Addition SD Delete TITLE TITLE RACKLEY, RUTH A. NAME NAME STREET ADDRESS STREET ADDRESS 375 HIGHLAND BLVD CITY-ST-7IP CITY-ST-ZIP INVERNESS'FL' Change ☐ Addition TITLE Delete TITLE **DUTEAU, LAWRENCE M** NAME NAME STREET ADDRESS 375 HIGHLAND BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **INVERNESS FL** ☐ Addition ☐ Change ☐ Delete TITLE DUTEAU, ADREY NAME STREET ADDRESS STREET ADDRESS 375 E HIGHLAND BLVD CITY-ST-ZIP CITY-ST-ZIP **IVERNESS FL** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.