FILED

2001 นักiform Business Report (UBR)

Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # 571104** ECONOMY HARDWARE COMPANY, INC. 04-20-2001 90168 043 ***150.00 Principal Place of Business Mailing Address 14800 WALSINGHAM RD 14295 THACHER AVE LARGO FL 33774 LARGO FL 33774 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. FEI Number 59-1844818 Not Applicable Zip __ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIGLEY, JOSEPH H, III Street Address (P.O. Box Number is Not Acceptable) 14295 THACHER AVE **LARGO FL 33774** Zip Code City 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Delete TITLE TITLE NAME FIGLEY, ELIZABETH A NAME STREET ADDRESS STREET ADDRESS 14295 THACHER AVE CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME FIGLEY, JOSEPH NAME STREET ADDRESS STREET ADDRESS 14295 THACHER AVE CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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.

SIGNATURE: Signature and Types on panted name of Signing officer on Direction 727

Signature and Types on panted name of Signing officer on Direction 727

Date Date Date Date Dayline Phone #