## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 685631** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name PORT CHARLOTTE HARDWARE & PAINT, INC. 04-04-2000 90034 015 \*\*\*150.00 Mailing Address Principal Place of Business 3846 A TAMIAMI TRAIL 3846 A TAMIAMI TRAIL PORT CHARLOTTE FL 33952-8401 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2023035 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNRO, JOHN A Street Address (P.O. Box Number is Not Acceptable) 3846 A TAMIAMI TRAIL PT. CHARLOTTE FL 33952 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE MUNRO, JOHN A NAME NAME STREET ADDRESS STREET ADDRESS 1325 NW NIMROD CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL ☐ Addition TD ☐ Delete TITLE ☐ Change TITLE NAME MUNRO, CAROL 1325 NW NIMROD STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP PT CHARLOTTE FL ☐ Change Addition ☐ Delete TITLE TITLE WESSEL, HERMAN A NAME 1478 NAVIGATOR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL SD ☐ Change Addition ☐ Delete TITLE TITLE WESSEL, PATRICIA D NAME NAME STREET ADDRESS STREET ADDRESS 1478 NAVIGATOR RD. CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

man SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3//00 941-625-760/