

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001939**

1. Entity Name

NORTHWEST DOOR & HARDWARE, LTD.

Principal Place of Business

**9501-B EAST HILLSBOROUGH AVE.
TAMPA FL 33610**

Mailing Address

**2059 RANGE RD.
CLEARWATER FL 33765-2124**

2. Principal Place of Business

4315 WEST KENNEDY BLVD

3. Mailing Address

4315 WEST KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

HILLSBOROUGH

Zip

33609

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

**COFFILL, JOHN
7439 E. HILLSBOROUGH AVE.
TAMPA FL 33610**

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. Capital Contributions
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000094225**
NAME **HARDWARE TAMPA, INC.**
STREET ADDRESS **2059 RANGE RD.**
CITY - ST - ZIP **CLEARWATER FL 33765**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2051 SUNNYDALE BLVD.

CITY - ST - ZIP

CLEARWATER, FL 33765

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **X** *Signature* **REGISTERED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 3-15-00

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 10:49

mf 3/27/00



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)