

# 2001 UNIFORM BUSINESS REPORT (UBR)

000603 AF

DOCUMENT # **A95000001939**

1. Entity Name

**NORTHWEST DOOR & HARDWARE, LTD.**

Principal Place of Business

**4315 WEST KENNEDY BLVD.  
TAMPA FL 33609**

Mailing Address

**4315 WEST KENNEDY BLVD.  
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3350292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 **JAMES GLAVASICH**  
Street Address (P.O. Box Number is Not Acceptable)  
**454 OLD OAK CIRCLE**  
City **PALM HARBOR** FL Zip Code **34683**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
DATE **4/2/01**

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 **2051 SUNNYDALE BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 33765**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4315 WEST KENNEDY BLVD.**  
CITY-ST-ZIP **TAMPA, FL 33609**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

**000002996050--5**  
**-04/13/01--01012--023**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]*  
DATE **4/2/01**

*[Signature]*  
DAYTIME PHONE # **813-289-3636**

CR2E003 (11/00)

