

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001941**

1. Entity Name

NORTHWEST BUILDERS HARDWARE, LTD.

Principal Place of Business

**9501-B EAST HILLSBOROUGH AVENUE
TAMPA FL 33610**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2051 SUNNYDALE BLVD

3. Mailing Address

2051 SUNNYDALE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3350288

Applied For

Not Applicable

Zip

33765

Country

PINELLAS

Zip

33765

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COFFILL, JOHN

7439 EAST 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.

\$1,765,000.00

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 # **P95000094223**
NAME **HARDWARE, INC.**
STREET ADDRESS **2059 RANGE RD.**
CITY - ST - ZIP **CLEARWATER FL 34625**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

100003200751 4
-06/14/00--01060--006
******526.50 ****526.50**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/21/2000

**013
6210079**

FILED
00 MAY -1 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA