

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90001 050 ***550.00

DOCUMENT # F97000002730
 1. Entity Name
MID-WEST WHOLESALE HARDWARE CO.

Principal Place of Business Mailing Address
 5121 FRONT STREET 5121 FRONT STREET
 KANSAS CITY MO 64120 KANSAS CITY MO 64120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1250 AMERICAN WAY # 204 **1000 N. CENTURY AVE**
 City & State City & State
LONGWOOD FL **KANSAS CITY MO.**

Zip Country Zip Country
32750 **SEMINOLE** **64120** **JACKSON**

4. FEI Number Applied For
04-3359757 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAMPROS, MICHAEL L
210 DUNCAN TRAIL
LONOGWOOD FL 32779

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ENGLAND, ROBERT R	
STREET ADDRESS	5121 FRONT STREET	
CITY-ST-ZIP	KANSAS CITY MO 64120	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENGLAND, DIANA K	
STREET ADDRESS	5121 FRONT STREET	
CITY-ST-ZIP	KANSAS CITY MO 64120	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEBLOIS, MARK H	
STREET ADDRESS	175 FEDERAL ST., 10TH FL	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROBINSON, TIMOTHY H	
STREET ADDRESS	175 FEDERAL ST., 10TH FL	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Robert R. England **ROBERT R. ENGLAND** Date: 7-27-00 Daytime Phone #: 816-241-5663

CR2E034 (5/00)