2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2001 8:00 am **DOCUMENT # G59917 Secretary of State** 1. Entity Name HARDWARE AND INDUSTRIAL MARKETING, INC. 03-21-2001 90055 001 ***150.00 Principal Place of Business Mailing Address 12105 SW 114TH PLACE 12105 SW 114TH PLACE MIAMI FL 33176 MIAMI FL 33176 C0036100 2. Principal Place of Business 3024 PAYNES PLACE 3. Mailing Address 3024 PAYNES PLACE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE HEVILLAGES City & State Applied For 4. FEI Number 59-2330371 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired \Box 32159 Fee Required SUMTER **SUMT**E 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAUSE, THOMAS M. 11224 SW 117 PLACE MIAMI FL 33186 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Detete TITLE. THOMAS M. GAUSE 3024 PAYNES PLACE GAUSE, THOMAS M. NAME STREET ADDRESS 11224 S.W. 117TH PLACE STREET ADDRESS THE VILLAGES, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE TITLE. ☐ Delete MORTON, JACK NAME NAME STREET ADDRESS 1212 E TIMBERLANE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL TITLE Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3-19-01

PRESIDENT

Change

☐ Addition