(9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State DOCUMENT # H79535 1. Entity Name BAHR'S ALUMINUM & HARDWARE, INC. 04-22-2002 90173 035 ***150.00 Principal Place of Business Mailing Address 37827 EILAND BLVD 37827 EILAND BLVD ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2572923 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required -6.-Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent MCALVANAH, THOMAS P. Street Address (P.O. Box Number is Not Acceptable) 303- B HWY 54 WEST ZEPHYRHILLS FL 34248 City 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. SĪGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State П 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STONE, JAMES NAME NAME **37323 TEMPLE** E034 (STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ZEPHYRHILLS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STONE, PATRICIA NAME NAME STREET ADDRESS **37323 TEMPLE** STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL CITY-ST-ZIP TITLE PD Delete TITLE ☐ Change ☐ Addition NAME BAHR, RANDALL NAME STREET ADDRESS 37350 NEIGHBORS PATH STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAHR, SUZANNE NAME STREET ADDRESS 37350 NEIGHBORS PATH STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

13. Thereby 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #