**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 26, 2001 8:00 am Secretary of State J21409 DOCUMENT # 1. Entity Name JEFFERSON BUILDERS MART & HARDWARE COMPANY, INC. 07-26-2001 90009 032 \*\*\*550.00 Principal Place of Business Mailing Address 1400 SOUTH JEFFERSON ST. 1400 SOUTH JEFFERSON ST. ETCE/DBV MONTICELLO FL 32344 MONTICELLO FL 32344 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 59-2695916 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REICHMAN, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 380 N. JEFFERSON MONTICELLO FL 32344 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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. ☐ Change ~ ☐ Addition TITLE ☐ Delete FREEMAN, TERESA D 1400 S.JEFFERSON ST. STREET ADDRESS STREET ADDRESS MONTICELLO FL 32344 CITY-ST-7(P CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition BEATY, WILLIAM C NAME 1400 SOUTH JEFFERSON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32344 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME FREEMAN, LARRY D. STREET ADDRESS 1400 SOUTH JEFFERSON ST. STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32344 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 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.