

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90085 045 \*\*\*\*50.00

**DOCUMENT # L00000010527**

1. Entity Name

**G & F HARDWARE, LLC**

Principal Place of Business

**4849 S.E. 110TH ST.  
 BELLEVUE FL 34421**

Mailing Address

**P.O. BOX 75069  
 TAMPA FL 33675-0069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3667497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MACFAWN, FRED  
 6815 EAST 14TH AVENUE  
 TAMPA FL 33619**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **VP** ☐ Delete  
 NAME **JOHNSON, DICK**  
 STREET ADDRESS **P.O. BOX 243**  
 CITY-ST-ZIP **BELLVIEW FL 34421**

TITLE ☒ Change ☐ Addition  
 NAME **4849 S.E. 110th St.**  
 STREET ADDRESS **Bellview, FL 34421**  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **KAUFMAN, DAVID**  
 STREET ADDRESS **10751 57TH ST.**  
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP

TITLE **PRES** ☐ Delete  
 NAME **BOWLING, JIM**  
 STREET ADDRESS **P.O. BOX 75069**  
 CITY-ST-ZIP **TAMPA FL 33675**

TITLE ☒ Change ☐ Addition  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **6815 E. 14th AVE**  
 CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **MEM** ☐ Delete  
 NAME **SWISM**  
 STREET ADDRESS **P.O. BOX 75069**  
 CITY-ST-ZIP **TAMPA FL 33675**

TITLE ☒ Change ☐ Addition  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **6815 E. 14th AVE**  
 CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/24/02**

**8136262193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)