

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90253 020 \*\*\*\*50.00

**DOCUMENT # L01000011641**

1. Entity Name

**CONTRACT HARDWARE SUPPLY GROUP, L.L.C.**

Principal Place of Business

**3501 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839**

Mailing Address

**3501 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3738144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIRSCHY, BOBBIE C  
 3501 S ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32839**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
 CONSOLIDATED SUPPLY GROUP INC  
 3501 S ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32839**

☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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

Date

Daytime Phone #

**BOBBIE C HIRSCHY** **4/29/02** **4076508200**

CR2E083 (9/01)