

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90032 034 ***150.00

DOCUMENT # P00000090368

1. Entity Name

FLORIDA HARDWARE SALES COMPANY, INC.

Principal Place of Business

436 CASSAT AVENUE
 JACKSONVILLE, FL 32254

Mailing Address

436 CASSAT AVENUE
 JACKSONVILLE, FL 32254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3672338

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD WATSON, ATTORNEY AT LAW
 7785 BAYMEADOWS WAY, SUITE 107
 JACKSONVILLE, FL 32256

Name

DONALD THIEMAN

Street Address (P.O. Box Number is Not Acceptable)

436 CASSAT AVENUE

City

JACKSONVILLE

FL

Zip Code

32254

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

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.** ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D, P
 STREET ADDRESS RALPH THIEMAN
 CITY-ST-ZIP 436 CASSAT AVENUE
 JACKSONVILLE, FL 32254

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

TITLE ☐ Delete
 NAME D, S
 STREET ADDRESS NORMA THIEMAN
 CITY-ST-ZIP 436 CASSAT AVENUE
 JACKSONVILLE, FL 32254

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

TITLE ☐ Delete
 NAME D, T
 STREET ADDRESS DONALD THIEMAN
 CITY-ST-ZIP 436 CASSAT AVENUE
 JACKSONVILLE, FL 32254

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH THIEMAN

Date

4/30/01

Daytime Phone #

904-783-1650

CR2E034 (11/00)