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2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P00000090368 DOCUMENT # 1. Entity Name 04-17-2002 90069 046 ***150.00 FLORIDA HARDWARE SALES COMPANY, INC. Principal Place of Business Mailing Address 436 CASSAT AVE 436 CASSAT AVE JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3672338 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THIEMAN, DONALD Street Address (P.O. Box Number is Not Acceptable) 436 CASSAT AVENUE JACKSONVILLE FL 32254 City Zip Code F۱ 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 \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE ☐ Channe Addition TITLE ☐ Delete THIEMAN, RALPH NAME NAME 436 CASSAT AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP Channe --- - Addition -TITLE ... Delete = TITLE: THIEMAN, NORMAN NAME NAME. **436 CASSAT AVENUE** STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP DT Delete ☐ Change ☐ Addition TITLE TITLE THIEMAN, DONALD NAME NAME 436 CASSAT AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TIT1 F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

13. I hereby certify that the information indicated on this report or sol changed, or on an attachme

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does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if