

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90286 034 \*\*\*560.00

008877 AV

**DOCUMENT # P01000022755**

1. Entity Name

**HARDWARE AND METAL SPECIALTIES CORP**



Principal Place of Business

**1100 BARNETT DRIVE  
UNIT 33  
LAKE WORTH FL 33461**

Mailing Address

**1100 BARNETT DRIVE  
UNIT 33  
LAKE WORTH FL 33461**

2. Principal Place of Business

**6778 LANTANA RD**

3. Mailing Address

**6778 LANTANA ROAD**

Suite, Apt. #, etc.

**UNIT 4**

Suite, Apt. #, etc.

**UNIT 4**

City & State

**LAKE WORTH, FL**

City & State

**LAKE WORTH, FL**

Zip

**33467**

Country

Zip

**33467**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1095710**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COOPER, EDWARD  
6766 FINAMORE CIRCLE  
LAKE WORTH FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edward Cooper*

(NOTE: Registered Agent signature required when reinstating)

*8/6/03*

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing - ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COOPER, EDWARD</b>	
STREET ADDRESS	<b>1100 BARNETT DRIVE, UNIT 33</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>Hardware And Metal Specialties</b>	
NAME	<b>6778 Lantana Road, Unit 4</b>	
STREET ADDRESS	<b>Lake Worth, FL 33467</b>	
CITY-ST-ZIP	<i>new address A</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

*Edward Cooper 8/6/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)