

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90716 007 ***150.00

DOCUMENT # **P01000080156**

1. Entity Name
CONWAY ACE HARDWARE, INC.



Principal Place of Business
720 CELEBRATION AVENUE #250
CELEBRATION FL 34747
449 S. Chickasaw Trail
ORLANDO, Florida 32825

Mailing Address
720 CELEBRATION AVENUE #250
CELEBRATION FL 34747

2. Principal Place of Business
Same

3. Mailing Address
same as above



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3739439**
Applied For
Not Applicable

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

NORRIS, STEVEN C
720 CELEBRATION AVENUE #250
CELEBRATION FL 34747
449 S. Chickasaw Trail
ORLANDO, FL 32825

Name **NORRIS, Steven C.**
Street Address (P.O. Box Number is Not Acceptable) **1021 WILD ELDER ST**
City **ORLANDO** FL Zip Code **32825**

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 **[Signature]** **3-13-03**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORRIS, STEVEN C		NAME		
STREET ADDRESS	720 CELEBRATION AVENUE #250		STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION FL 34747		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORRIS, SUEANN		NAME		
STREET ADDRESS	720 CELEBRATION AVENUE #250		STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION FL 34747		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)