

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

0512373 AV

DOCUMENT # **P01000102891**



1. Entity Name  
**FOWLER STREET ACE HARDWARE, INC.**

04-16-2003 90146 003 \*\*\*150.00

Principal Place of Business  
**3700 FOWLER ST  
FT MYERS FL 33901**

Mailing Address  
**3700 FOWLER ST  
FT MYERS FL 33901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1150323**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMITT, JERRY  
3700 FOWLER ST  
FT MYERS FL 33901**

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 *Jerry Schmitt* **JERRY SCHMITT** **01-09-03**  
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**  Delete  
NAME **SCHMITT, JERRY**  
STREET ADDRESS **3 CHULA CT**  
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D. President**  Change  Addition  
NAME **Schmitt, Jerry**  
STREET ADDRESS **3 Chula Court**  
CITY-ST-ZIP **Fort Myers FL 33901**

TITLE **D**  Delete  
NAME **SCHMITT, JENECYE**  
STREET ADDRESS **3 CHULA CT**  
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D Vice President**  Change  Addition  
NAME **Schmitt, Jenecye**  
STREET ADDRESS **3 Chula Court**  
CITY-ST-ZIP **Fort Myers FL 33901**

TITLE  Delete  
NAME **MARY J. MAHN**  
STREET ADDRESS **8942 CREST LANE**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **Sec-Treasurer**  Change  Addition  
NAME **MARY J. MAHN**  
STREET ADDRESS **8942 Crest Lane**  
CITY-ST-ZIP **Fort Myers FL 33901**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Jerry Schmitt* **JERRY SCHMITT** **01-09-03** **239 936 7863**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)