

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0017458 SP

DOCUMENT # P01000113689

1. Entity Name
MELBOURNE BEACH HARDWARE, INC.

04-03-2002 90519 001 ***150.00
04-03-2002 90519 002 *****8.75

Principal Place of Business
**121 ARMOND AVE
INDIALANTIC FL 32903**

Mailing Address
**121 ARMOND AVE
INDIALANTIC FL 32903**



2. Principal Place of Business
307 Ocean Ave
Suite, Apt. #, etc.

3. Mailing Address
121 Ormond Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne Beach FL
Zip
32951
Country
USA

City & State
Indialantic FL
Zip
32903
Country
USA

4. FEI Number **59-3758090** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, J PATRICK
930 S HARBOR CITY BLVD, STE 505
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **David Jon Hopwood**
Street Address (P.O. Box Number is Not Acceptable)
121 Ormond Ave.
City **Indialantic FL** Zip Code **32903**

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 **David Jon Hopwood, President** **3/27/02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	F HOPWOOD, DAVID JON 121 ARMOND AVE INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 Ormond Ave.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **David Jon Hopwood** **3/27/02** **321-727-7751**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)