

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90046 026 ***150.00

LUU54170



DO NOT WRITE IN THIS SPACE

DOCUMENT # P37388
1. Entity Name
LUMBERMENS WHOLESALE SUPPLY CORP

Principal Place of Business		Mailing Address	
19508 SILVER OAKS DR FT MYERS FL 33912 US		19508 SILVER OAKS DR FT MYERS FL 33912-5505 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **35-0813252**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAWKINS, JAMES P
19508 SILVER OAKS DR
FT MYERS FL 33912

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	HAWKINS, JAMES P.	
STREET ADDRESS	19508 SILVER OAKS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	HAWKINS, PATRICIA L.	
STREET ADDRESS	19508 SILVER OAKS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HAWKINS, PATRICIA H.	
STREET ADDRESS	19508 SILVER OAKS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS, JAMES P.	
STREET ADDRESS	19508 SILVER OAKS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *James P. Hawkins* **3/6/00** **941-433-4558**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)