FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 27, 2001 8:00 am DOCUMENT # P95000018769 **Secretary of State** 1. Entity Name 07-27-2001 90006 003 ***550.00 SAMPLE ROAD ACE HARDWARE, INC. Principal Place of Business Mailing Address 1601 SAMPLE ROAD 1601 SAMPLE ROAD панонодя POMPANO BEACH FL POMPANO BEACH FL 2. Principal Place of Business 3. Mailing Address E. SAUPLE RA SMVS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0575185 DONAMO BUH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEONARD, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 4875 NORTH FEDERAL HWY, 10TH FL FT. LAUDERDALE FL 33308 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. W askinds warseng TITLE TITLE ☐ Delete HEFFERNAN, EDWARD W NAME 1601 E. SALLPIE ROAD STREET ADDRESS STREET ADDRESS 1601 SAMPLE ROAD 330kA CITY-ST-ZIP CITY-ST-ZIP MAB & OLARWOR POMPANO BEACH FL = TH3DESSA-3)1V ☐ Delete TITLE Addition HEELEBHAN! NAME and signing, 3 1001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🛶 🗔 Addition De ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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: ESWALD W. HEFFERMU JULY 1, 2001 954-942-39