

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094223

1. Entity Name
HARDWARE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90172 046 ***150.00

Principal Place of Business

2059 RANGE ROAD
CLEARWATER FL 34625

*****NEW ADDRESS*****

NORTHWEST BUILDERS HARDWARE, LTD.
2051 SUNNYDALE BOULEVARD
CLEARWATER, FL 33765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2051 Sunnydale Blvd</i>		3. Mailing Address <i>2051 Sunnydale Blvd</i>		4. FEI Number 59-3350263		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <i>2051 Sunnydale Blvd</i>		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State <i>Clearwater FL</i>		City & State <i>Clearwater FL</i>					
Zip <i>33765</i>		Country		Zip <i>33765</i>		Country	

6. Name and Address of Current Registered Agent WITT, GLENN D 2059 RANGE ROAD CLEARWATER FL 34625				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D WITT, GLENN D 2059 RANGE RD. CLEARWATER FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Glenn D Witt, Pres* 3/31/00 727-441-1470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #