## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000094225 Apr 26, 2000 8:00 am Secretary of State HARDWARE TAMPA, INC. 04-26-2000 90155 028 \*\*\*150.00 Mailing Address Principal Place of Business 4315 W. KENNEDY 4315 W. KENNEDY SUITE A SUITE A TAMPA FL 33609-2126 **TAMPA FL 33609** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3350255 Not Applicable Country \$8.75 Additional Zip Country 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WITT, GLENN D 2059 RANGE ROAD **CLEARWATER FL 34625** CLEALWATER 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Addition TITLE ☐ Delete TITLE WITT, GLENN R NAME NAME 2051 JUNINYDALE BLVD CKARWATEL, FL 33765 Schange STREET ADDRESS 2059 RANGE RD! STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** Addition ☐ Delete TITLE TITLE NAME WITT, GLENN D NAME STREET ADDRESS 2059 RANGE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME TMAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS 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)(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:** 

MUNICIPALITY OF THE PROPERTY O

× 4/19/00

1813-289.3636

Daytime Phone #