

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099887

1. Entity Name

CONTRACT HARDWARE OF FLORIDA, INC.

Principal Place of Business

904 LAKE BRADFORD ROAD
TALLAHASSEE FL 32304

Mailing Address

904 LAKE BRADFORD ROAD
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RUDD, DAVID E
9049 OLD CHEMONIE ROAD
TALLAHASSEE FL 32308

4. FEI Number 59-3413474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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!!! FEES \$150.00
After MAY 1, 2001 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 PD
NAME RUDD, DAVID E
STREET ADDRESS 9049 OLD CHEMONIE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE VPD
NAME TEW, MARK
STREET ADDRESS 40 COUNTRY CREEK COURT
CITY-ST-ZIP STOCKBRIDGE GA 30281 ☐ Delete

TITLE STD
NAME RUDD, WILLIAM S
STREET ADDRESS 9017 OLD CHEMONIE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 Rudd DAVID RUDD / PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

Date

850 580 2495

Daytime Phone #

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90149 046 ***150.00

713255



DO NOT WRITE IN THIS SPACE

CR2E034(10/00)