

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90091 006 ***158.75

001211 AI

DOCUMENT # P97000039618

1. Entity Name

OCALA SPECIALTY HARDWARE & INSTALLATION, INC.

Principal Place of Business

**3860 N.E. 40TH PLACE
OCALA FL 34479**

Mailing Address

**POST OFFICE BOX 1920
SILVER SPRINGS FL 34489**

2. Principal Place of Business

3. Mailing Address

107 NE 1ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCALA FL

Zip

Country

Zip

Country

34470

4. FEI Number

59-3449752

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMPSON, STEVEN G
3860 N.E. 40TH PLACE
OCALA FL 34479**

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!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMPSON, STEVEN G	
STREET ADDRESS	17 ALMOND TERRACE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	SIMPSON, KATHLEEN M.	
STREET ADDRESS	17 ALMOND TERRACE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

Kathleen M. Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **KATHLEEN M. SIMPSON**

Daytime Phone #

2/20/02 *352-368-3800*

CR2E034 (9/01)