

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007015

1. Entity Name

FIVEHALDEN SUPPLY, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90049 019 ***150.00

Principal Place of Business

Mailing Address

5914 RIDGE ROAD
PORT RICHEY FL 34668

5914 RIDGE ROAD
PORT RICHEY FL 34668-6619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3488028

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FIVECOAT, SCOTT A
8114 BLUE FINCH WAY
NEW PORT RICHEY FL 34653

Name

Scott A. Fivecoat

Street Address (P.O. Box Number is Not Acceptable)

7520 SALAMANDER DR.

City

NEW PORT RICHEY

FL

Zip Code

34655

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

Scott A. Fivecoat

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FIVECOAT, SCOTT A
8114 BLUE FINCH WAY
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, SEC TREAS
7520 SALAMANDER DR
NEW PORT RICHEY, FL 34655 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALLEN, DOUGLAS
5640 S. SEA OTTER PATH
HOMOSASSA FL 34448 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
ALLEN, LISA A
5640 S. SEA OTTER PATH
HOMOSASSA FL 34448 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Scott A. Fivecoat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000 727-817-0248

Date

Daytime Phone #

CR2E034 (9/99)