

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050454

1. Entity Name

AMERICAN HARDWARE COMPANY, INC.

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90179 011 ***150.00

0058371

Principal Place of Business

4270 ALOMA AVENUE
 NUMBER 124, SUITE 68A
 WINTER PARK FL 32792

Mailing Address

4270 ALOMA AVENUE
 NUMBER 124, SUITE 68A
 WINTER PARK FL 32792

C0057601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7006 STA POINT

Suite, Apt. #, etc.

Suite I

City & State

WINTER PARK

Zip

FL

Country

ORANGE

3. Mailing Address

7006 STA POINT

Suite, Apt. #, etc.

Suite I

City & State

WINTER PARK

Zip

FL

Country

ORANGE

4. FEI Number

59-3514784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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!!! FEE IS \$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 PSTD
 NAME GOAD, JAMES T
 STREET ADDRESS 4270 ALOMA AVENUE
 CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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 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
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 CITY-ST-ZIP ☐ Change ☐ Addition

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01 9076710360

CR2E034 (10/00)