2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$23206

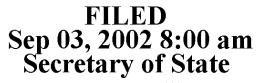
ROSS ACE HARDWARE, INC.

1000 ACE PANDITANE, INC.

Principal Place of Business 34 EAST NOBLE AVENUE WILLISTON FL 32696 Mailing Address

34 EAST NOBLE AVENUE WILLISTON FL 32696

2. Principal Place of Business	3. Mailing Address
3727 W. University Ave.	3727 W. University Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



09-03-2002 90171 022 ***550.00



Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		FL	City & State Gainesville, FL			4. FEI Number 59-3042460			Applied For Not Applicable	
Zip 32607		Country USA	Zip 32607	itry		5. Certificate of Status Desired \$8.75 Fee Rec				
	6. Name and Address of Current Registered Agent					7. I	Name and Address of New Regis	tered A	gent-	
ROSS, R.H. JR. 34 EAST NOBLE AVENUE WILLISTON, FL 32696				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
										the obligati
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signatu	re required when re	einstating)	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 After September 13, 2002 Make Check Payable to D				3, 2002	Fee will be	\$750.00	10. Election Campaign Financi Trust Fund Contribution.	ng 🗆		0 May Be I to Fees
11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND I	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07 2 to 7 tt 05 to 2							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GINALD H., JR. NOBLE AVENUE N FL	☐ Delete						<u> </u>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Delete			• • •			☐ Change ~	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Delete					1	Change	Addition
13. I hereby c	ertify that the	e information supplied with t	this filing does not qualify for	or the exer	nption state	ed in Section	I 19.07(3)(i), Florida Statutes. I furth	ner certif	y that the in	formation

3. 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 attach next with an address, with all other incomposition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR FIRECTOR

8/30/02

Date

352-378-4650

Daytime Phone #

CR2E034 (4/02)