2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT, (UBR)

S49270 **DOCUMENT #**

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

BISHOP'S	3 HANDY HARDWARE, INC) .		03-19-2003 90140 014	130.00	
602 E MCNAE	ce of Business B RD EACH FL 33060	Mailing Address 602 E MCNAB RD POMPANO BEACH FL 33	060			
2. Principal Place of Business		3. Mailing Address			3141/ 8/3/1 8/8/1 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHA	NGES	
City & Stat	te	City & State		4. FEI Number 65-0258031	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee F	5 Additional lequired	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
20102 0000			Name	Name -		
BISHOP, (Street Address	s (P.O. Box Number is Not Acceptable)		
	NAB ROAD			, , , , , , , , , , , , , , , , , , ,		
POMPANO	D BEACH FL 33060					
			City	FL Z	p Code	
		or the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am familia	r with, and accept	
	tions of registered agent.				1	
	-					
the obligat	-	t and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE		
the obligat	Signature, typed or printed name of registered agen		E: Registered Agent signature requir	9. Election Campaign Financing	\$5.00 May Be	
the obligat SIGNATURE . F After	Signature, typed or printed name of registered agen		E: Registered Agent signature requir		\$5.00 May Be Added to Fees	
the obligat SIGNATURE . F After	Signature, typed or printed name of registered agen FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State	E: Registered Agent signature requir	9. Election Campaign Financing	Added to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with a other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/03 954 943-0115