2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S51413 **DOCUMENT #**

1. Entity Name



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90210 010 ***150.00

ALPHA A	ACE HARDWARE, INC.					0 2 2 1 2 000 0 0			
712 CLEVELAND STREET 712 CL			g Address CLEVELAND STREET ISTIAN FL 32958						
2. Principal Place of Business 3. M		3. Mai	Mailing Address						
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3062870 Applied For Not Applica		Applied For Not Applicable		
Zip	Country	Zip		Country	5.	Certificate of Status Desired	□ \$8.75 A Fee Requi		
<u> </u>	6. Name and Address of Currer	nt Registere	d Agent	-	7.	Name and Address of New Regi	stered Agent		
UUMDUD	DEV DAMES A			Name		• • • • • • •			
HUMPHREY, DAVID A. 712 CLEVELAND STREET			Street A	Address (P.O.	Box Number is Not Acceptable)	7484			
SEBASTI	AN FL 32958								
	·			City			FL Zip Co		
8. The abరve the obliga	e named entity submits this statement tions of registered agent.	for the purpo	ose of changing its	registered office o	r registered aç	gent, or both, in the State of Florida	a. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if appl	icable. (NOTE	: Registered Agent signa	ture required when	reinstating)	DATE		
	FILE NOW!!! FEE IS \$150.00		791.11			7			
	r May 1, 2003. Fee will be \$550.00)				9. Election Campaign Finance	_ 	00 May Be	
Make Chec	k Payable to Florida Department	of State				Trust Fund Contribution.	☐ Adde	d to Fees	
10.	OFFICERS ANI	D DIRECTOR	RS	11.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	
TITLE	PD		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	HUMPHREY, DAVID A.			NAME				}	
STREET ADDRESS CITY-ST-ZIP	712 CLEVELAND STREET SEBASTIAN FL			STREET ADDRESS CITY-ST-ZIP					
TITLE	VD		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	HUMPHREY, CHARLES W. 712 CLEVELAND STREET			NAME COREET ADDRESS					
CITY-ST-ZIP	SEBASTIAN FL			STREET ADDRESS CITY-ST-ZIP					
NAME			- K Delete	TITLE:	∽sD	للهادي فالمراسسة المطردي الهار	☐ Change	- 🔏 Addition	
STREET ADDRESS	HUMPHREY, PAMELA L. 712 CLEVELAND STREET			NAME STREET ADDRESS	JESS,	ERNEST R.			
CITY-ST-ZIP	SEBASTIAN FL			CITY-ST-ZIP	SEBAS	ERNEST R. LEVELAND STREET TIAN, FL	•		
TITLE	TD		☐ Delete	TITLE		, - <u>-</u>	Change	☐ Addition	
NAME	HUMPHREY, JOAN M.			NAME			Change	Addition	
STREET ADDRESS	712 CLEVELAND STREET		•	STREET ADDRESS					
CITY-ST-ZIP	SEBASTIAN FL								
DOTE :		_		CITY-ST-ZIP					
TITLE NAME			☐ Delete	TITLE	, <u>,,</u> ,		☐ Change	Addition .	
NAME STREET ADDRESS			☐ Delete	TITLE NAME			☐ Change	Addition	
NAMÉ			☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS				TITLE NAME STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					

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 all other like empowered.

SIGNATURE:

SIGNAPURANTE OR PRIVED WHOM POHYR ETTER OR DIRECTOR

2-18-03 Date

(772) **5**89-5555