

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90009 044 \*\*\*150.00

DOCUMENT # **V55341**  
 1. Entity Name  
**IHA Tool & Safety Supply Co INC**

Principal Place of Business  
**321 N Congress Ave**  
**Delray Bch, FL 33445**

Mailing Address  
**211 E OAKLAND PL BLVD**  
**FT LAUDERDALE, FL 33334**

**00057920**

2. Principal Place of Business  
**321 N Congress Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**211 E OAKLAND PL BLVD**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Delray Bch, FL 33445**

City & State  
**FT LAUD, FL**

4. FEI Number  
**65-0382781**

Applied For  
☐ Not Applicable

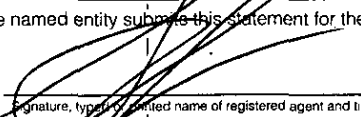
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Scott Sherman**  
**211 E OAKLAND PL BLVD**  
**FT LAUDERDALE, FL 33334**

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  DATE **5/12/00**

(NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>President</b>		NAME		
STREET ADDRESS	<b>Scott Sherman</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>211 E OAKLAND PL BLVD</b>		CITY-ST-ZIP		
	<b>FT LAUDERDALE, FL 33334</b>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  DATE **5/12/00** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)