

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

0571297 AV

04-23-2003 90053 036 ***150.00

DOCUMENT # F39155

1. Entity Name
KANE'S ACE HARDWARE, INC.



Principal Place of Business
**3600 S SUNCOAST BLVD
HOMOSASSA FL 34448
US**

Mailing Address
**1729 N. LECANTO HWY.
LECANTO FL 34461
US**

XXXXXXXXXX



2. Principal Place of Business

3. Mailing Address

3600 S. Suncoast Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Homosassa Springs, FL

4. FEI Number **59-2076409**

Applied For
 Not Applicable

Zip

Country

Zip
34448

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANE, GARY B
2857 W. LIVE OAK ST
LECANTO FL 34461**

Name
James D. Hewitt
Street Address (P.O. Box Number is Not Acceptable)
3600 S Suncoast Blvd
City
Homosassa Springs **FL** Zip Code
34448

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James D. Hewitt*

4/14/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **KANE, GARY B**
STREET ADDRESS **2857 W. LIVE OAK ST.**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE Change Addition
NAME **President**
NAME **Vicky A. Kane**
STREET ADDRESS **51 Greentree Street**
CITY-ST-ZIP **Homosassa, FL 34446**

TITLE Delete
NAME **KANE, GARY B**
STREET ADDRESS **2857 W LIVE OAK ST**
CITY-ST-ZIP **LECANTO FL**

TITLE Change Addition
NAME **Vice President**
NAME **Diane Kane**
STREET ADDRESS **2857 West Live Oak Street**
CITY-ST-ZIP **Lecanto, FL 34461**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Vicky A. Kane* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 (352)6283566
Date Daytime Phone #

CR2E034 (10/02)