

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F55939

FILED
Jan 25, 2002 8:00 AM
Secretary of State

Entity Name: PLUSCO SUPPLY CORP.

Current Principal Place of Business:

6350 EAST ROGERS CIRCLE
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6350 EAST ROGERS CIRCLE
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2142676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORTZ, SCOTT
6350 EAST ROGERS CIRCLE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: BORTZ, SCOTT
Address: 20294 TIERRA DEL SOL COURT
City-St-Zip: BOCA RATON, FL 33498

Title: P () Delete
Name: BORTZ, SHARON
Address: 2188 NW 62ND DR
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: BORTZ, NORMAN
Address: 2188 NW 62ND DR
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT BORTZ

MD

01/25/2002

Electronic Signature of Signing Officer or Director

_____ Date