

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57167

1. Entity Name
CENTRAL SUPPLY COMPANY

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90082 005 ***158.75

Principal Place of Business
**515 FERGUSON DRIVE
ORLANDO FL 32805**

Mailing Address
**200 S. ORANGE AVE.
STE 2300
ORLANDO FL 32801-3455
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2549764**

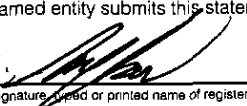
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**A.G.C. CO.
200 S. ORANGE AVE.
23RD FLOOR.
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name **Michael J. Canan, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **201 East Pine Street, Suite 1200**
City **Orlando** FL Zip Code **32801**

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  (NOTE: Registered Agent signature required when reinstating) DATE

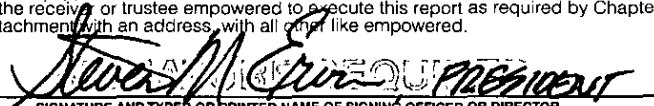
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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 NAME STREET ADDRESS CITY-ST-ZIP	PS STEVEN ERVIN 515 FERGUSON DR ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT FLANAGAN, ED 515 FERGUSON DRIVE ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:  **STEVEN ERVIN PRESIDENT** Date **2/21/00** Daytime Phone # **407-299-1841**

CR2E034 (9/99)