

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90457 040 ***150.00

DOCUMENT # P01000045675					
1. Entity Name SAVEMOR SUPPLY CO.					
Principal Place of Business 5485 NW 22ND AVENUE FT. LAUDERDALE, FL 33309			Mailing Address 5485 NW 22ND AVENUE FT. LAUDERDALE, FL 33309		
2. Principal Place of Business 5837 Dawson St. Suite D Hollywood FL Zip 33023 Country US		3. Mailing Address 5837 Dawson St. Suite D Hollywood FL Zip 33023 Country US			
04282004 Chg-P CR2E034 (10/03)				4. FEI Number 65-1100398	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STUPARITZ, ALAN D 900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name: Tony Wedderburn Street Address (P.O. Box Number is Not Acceptable): 5837 Dawson St, Suite D City: Hollywood FL Zip Code: 33023		
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: Registered Agent DATE: 4/28/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	TD BOYD, CARGILL 5485 NW 22ND AVE FT. LAUDERDALE, FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WEDDERBURN, CYRIL A 5485 NW 22ND AVE FT. LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD 5837 Dawson St, Suite D Hollywood, FL 33023 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANTAL, WEDDERBURN 5485 NW 22ND AVENUE FT. LAUDERDALE, FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			Tony Wedderburn 4/28/04 954-987-9000 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Resident					