

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90034 045 ***150.00

DOCUMENT # S29472

1. Entity Name
XEROGRAPHICS SUPPLY & EQUIPMENT CO., INC.

Principal Place of Business 5587 COMMONWEALTH AVE. JACKSONVILLE FL 32254	Mailing Address P.O. BOX 37066 JACKSONVILLE FL 32241-7760
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5151 SUNBEAM RD Suite, Apt. #, etc. SUITE 17 City & State JACKSONVILLE FL	3. Mailing Address PO BOX 57760 Suite, Apt. #, etc. City & State JACKSONVILLE FL
Zip 32256 Country DUVAL	Zip 32241 Country DUVAL

4. FEI Number 59-3064155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~CREAN, JAMES M.~~
~~5587 COMMONWEALTH AVE~~
~~JACKSONVILLE FL 32254~~

7. Name and Address of New Registered Agent
 Name **Stacie F. Crean**
 Street Address (P.O. Box Number is Not Accepted) **5151 Sunbeam Rd. # 17**
 City **Jacksonville** FL **32256**

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 **Stacie Crean** **Stacie F. Crean, President** **3-2-00**
Signature, typed or printed name of registered agent and title if applicable (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input type="checkbox"/> Delete CREAN, STACIE F 5300 CHURCH RD. ST. AUGUSTINE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete CREAN, JAMES M. 5300 CHURCH RD. ST. AUGUSTINE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Stacie Crean** **3-2-00** **904-737-9112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)