

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90076 010 ***150.00

DOCUMENT # 151535

1. Entity Name

FLORIDA WHOLESALE PIPE & SUPPLY, INC.

Principal Place of Business

2222 W BEAVER ST
JACKSONVILLE FL 32209

Mailing Address

2222 W BEAVER ST
JACKSONVILLE-FL 32209-7405

809741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

855 Mapleton Ter
Suite, Apt. #, etc.

3. Mailing Address

855 Mapleton Ter.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

City & State

Jacksonville, FL

Zip

32207

Country

4. FEI Number

59-0571154

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHSTEIN, SIMON D.
4417 BEACH BLVD. STE 104
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	MACK, ULY P.	
STREET ADDRESS	2222 WEST BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MACK, FRANCES G	
STREET ADDRESS	2222 WEST BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE-FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, JULIAN	
STREET ADDRESS	2222 WEST BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACK, ULY P.	
STREET ADDRESS	2222 WEST BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, FRANCES G	
STREET ADDRESS	2222 WEST BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK-BOSSEN, ROXANA	
STREET ADDRESS	2222 WEST BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	855 mapleton Terrace
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	855 mapleton Terrace
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	855 mapleton Terrace
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	855 mapleton Terrace
CITY-ST-ZIP	Jacksonville, FL 32207

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:SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROXANA MACK 1-27-00

Date

Daytime Phone #

1/904-396-80