

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 288856**

1. Entity Name

MARIANNA OFFICE SUPPLY COMPANY, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90007 029 ***150.00

Principal Place of Business 4423 CONSTITUTION LANE P.O. BOX 339 MARIANNA FL 32447	Mailing Address 4423 CONSTITUTION LANE P.O. BOX 339 MARIANNA FL 32447-0339
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1086162**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, FRED L
2962 DOGWOOD STREET
MARIANNA FL 32446**

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 State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HARRIS, FRED L	
STREET ADDRESS	2962 DOGWOOD	
CITY-ST-ZIP	MARIANNA FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, JOAN	
STREET ADDRESS	2962 DOGWOOD	
CITY-ST-ZIP	MARIANNA FL	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HARRIS, LARRY JOE	
STREET ADDRESS	2990 NOLAND STREET	
CITY-ST-ZIP	MARIANNA FL	

TITLE	DS	<input type="checkbox"/> Delete
NAME	HARRIS, OLENE	
STREET ADDRESS	2990 NOLAND STREET	
CITY-ST-ZIP	MARIANNA FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**FRED L HARRIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JAN. 26, 2000**
Date**850-482-4444**
Daytime Phone #