2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 616472 1. Entity Name SERVICE INDUSTRIAL SUPPLY COMPANY, INC.						5 ·		;	
						ASION OF CORPORATION			
		, , , , , , , , , , , , , , , , , , ,	٠			DO INC.	'URATH	ÛN:	
Principal Place of Business 4252 WESTROADS DR P.O. BOX 3126 WEST PALM BEACH FL 33402		Mailing Address 4252 WESTROADS DR P.O. BOX 3126 WEST PALM BEACH FL 33402				02 JAN 17 PM	essal grad bil	AII #48# 1881	
2. Principal Place of Business		3. Mailing Address					dali iiiii ii		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\exists R$	REINSTONE WHITE THIS FACE ()			
City & State		City & State				FEI Number 59-1900683	Ap	plied For t Applicable	
Zip	Country Zip		Country		5.		B.75 Add		
	6. Name and Address of Current Re	egistered Agent				7. Name and Address of New Registered Agent			
CARPENTER, CHARLES V.				Name					
4252 WESTROADS DR				Street Addr	dress (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33402					•				
				City		FL	Zip Code	9	
8. The above	named entity submits this statement for t	he purpose of changing its re	egister	ed office or re	gistered ac				
SIGNATURE	Signature, typed or printed name of registered agent and	Expenter (NOTE: F	Registere	ed Agent signature r	equired when r	reinstating) DATE	1/02		
Tax filing requirement and elects to do so. After Septem			WIII FEE IS \$550.00 r 12, 2001 Fee will be \$750 yable to Department of St			ate Added to Pees			
11.:	OFFICERS AND D	_	12.		ΑI	DDITIONS/CHANGES TO OFFICERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARPENTER, CHARLES 4252 WESTROADS DR. WEST PALM BEACH FL.				3420	Charles Carpenter 3420 NE Sugarhill Ave. Jensen Beach, FL 34957			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYDEN, A R B420 NE SUGARHILL AVE JENSEN BEACH FL 34957					Change Addition & Addi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHERER, D.A. 3420 NE SUGARHILL AVE JENSEN-BEACH-FL		g .	- i	-	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICE, HOWARD 4605 SOUTH OCEAN BLVD UNIT 7 HIGHLAND BEACH FL	□ Delete		i		` [☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		ا س		B1/22	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				Killer	☐ Change	☐ Addition	
indicated	on this report or supplemental report is tr	ue and accurate and that my	' signa	iture shall have	the same	119.07(3)(i), Florida Statutes. I further certify legal effect as if made under oath; that I am ida Statules; and that my name appears in E	an officer	or director	