

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90155 001 ***476.25

DOCUMENT # 660492

1. Entity Name
P & S SUPPLY CO., INC.

Principal Place of Business
75 N THOMPSON CREEK RD
ORMOND BCH FL 32174-4523
US

Mailing Address
75 N. THOMPSON CREEK RD
ORMOND BCH FL 32174-4523
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1995523**

Applied For
 Not Applicable

Zip Country

Zip Country

5. 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

SUROWITZ, STEPHEN DAVID-P.
75 N. THOMPSON CREEK RD
ORMOND BEACH FL 32174

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
 NAME **SUROWITZ, STEPHEN DAVID**
 STREET ADDRESS **75 N. THOMPSON CREEK RD.**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **CFO** ☐ Change ☒ Addition
 NAME **Casey, Candice Anne**
 STREET ADDRESS **75 N Thompson Creek Rd**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **VPDT** ☐ Delete
 NAME **SUROWITZ, DOROTHY A.**
 STREET ADDRESS **75 N THOMPSON CREEK RD.**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Candice Anne Casey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002

Date

386 267-2211

Daytime Phone #

CR2E034 (9/01)