

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 018 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																														
City & State			City & State																																																														
Zip		Country		4. FEI Number 59-1995523																																																													
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																													
6. Name and Address of Current Registered Agent SUROWITZ, STEPHEN DAVID-P. 75 N. THOMPSON CREEK RD ORMOND BEACH, FL 32174				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. I am familiar with, and accept the obligations of registered agent.																																																																	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)																																																																	
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VPDT SUROWITZ, DOROTHY A.</td> <td>☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>75 N THOMPSON CREEK RD. ORMOND BEACH, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CFO CASEY, CANDICE A</td> <td>☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>75 N THOMPSON CREEK RD ORMOND BEACH, FL 32174</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	VPDT SUROWITZ, DOROTHY A.	☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP	75 N THOMPSON CREEK RD. ORMOND BEACH, FL		CITY-ST-ZIP			STREET ADDRESS	CFO CASEY, CANDICE A	☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP	75 N THOMPSON CREEK RD ORMOND BEACH, FL 32174		CITY-ST-ZIP			STREET ADDRESS		☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP			STREET ADDRESS		☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																	
SIGNATURE: <u>Candice Ann Casey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>5/9/2003</u> 386 677-3351 Office Phone #																																																													

90134133



☐ CHECK HERE IF MAKING CHANGES

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