

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # F55939**1. Entity Name
PLUSCO SUPPLY CORP.**Principal Place of Business**

6350 EAST ROGERS CIRCLE

BOCA RATON

33487

FL

Mailing Address

6350 EAST ROGERS CIRCLE

BOCA RATON

33487

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2142676**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BORTZ SCOTT**
6350 EAST ROGERS CIRCLE

BOCA RATON

33487

US

FL

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)

02/09/2001

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	BORTZ NORMAN	
STREET ADDRESS	2188 NW 62ND DR	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORTZ NORMAN		
STREET ADDRESS	2188 NW 62ND DR		
CITY-ST-ZIP	BOCA RATON FL 33496		

TITLE	P	<input type="checkbox"/> Delete
NAME	BORTZ SHARON	
STREET ADDRESS	2188 NW 62ND DR	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORTZ SHARON		
STREET ADDRESS	2188 NW 62ND DR		
CITY-ST-ZIP	BOCA RATON FL 33496		

TITLE	MD	<input type="checkbox"/> Delete
NAME	BORTZ SCOTT	
STREET ADDRESS	18185 181ST CIRCLE SOUTH	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	MD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORTZ SCOTT		
STREET ADDRESS	20294 TIERRA DEL SOL COURT		
CITY-ST-ZIP	BOCA RATON FL 33498		

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

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

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

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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: SCOTT BORTZ**

MD

02/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)