

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90111 012 ***150.00

DOCUMENT # F81213

1. Entity Name
ALACHUA SUPPLY, INC.



Principal Place of Business
**14405 PEGGY RD
ALACHUA FL 32615
US**

Mailing Address
**PO BOX 40
ALACHUA FL 32616
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.
14405 PEGGY ROAD

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number **59-2265299**

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

**GRIFFIS, STANLEY H. (JR.)
211 CLAUDE BRANDON RD
ALACHUA FL 32615**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **DEAN, CONSTANCE W**
STREET ADDRESS **14405 PEGGY RD**
CITY-ST-ZIP **ALACHUA FL 32616**

TITLE ☒ Change ☐ Addition
NAME **GRIFFIS, CONSTANCE W.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **GRIFFIS, STANLEY H JR**
STREET ADDRESS **14405 PEGGY RD**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRE SH GRIFFIS 2/3/03 386 462 2895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)