

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004571

1. Entity Name

J SUPPLY CO.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90050 021 ***158.75

Principal Place of Business

Mailing Address

PO BOX 5464
ROME GA 30162-5464

PO BOX 5464
ROME GA 30162-5464

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1047836

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

SHERMER, CHARLES L
U.S. HWY 1 NORTH
PLANTATION FL 32046

Name MARY ANN DAVIS

Street Address (P.O. Box Number is Not Acceptable)
2815 NORTH KINGS RD

City HILLIARD

FL

Zip Code 32046

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 Mary Ann Davis MARY ANN DAVIS OFFICER 1-24-01
Signature, typed or printed name of registered agent and title if applicable. (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, 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 PC
NAME REEVES, J B
STREET ADDRESS 1187 HERMITAGE ROAD
CITY-ST-ZIP ROME GA 30161 ☒ Delete

TITLE PC
NAME A. FREEMAN ROBBINS
STREET ADDRESS 44 DOVER DR.
CITY-ST-ZIP ROME GA. 30161 ☒ Change ☐ Addition

TITLE ST
NAME JONES, JOEL L
STREET ADDRESS 304 EAST 2ND AVENUE
CITY-ST-ZIP ROME GA 30161 ☒ Delete

TITLE V.P.
NAME RHETT L. ROGERS
STREET ADDRESS 481 LOVELL RD.
CITY-ST-ZIP ROME GA. 30161 ☒ Change ☐ Addition

TITLE D
NAME JONES, JOEL
STREET ADDRESS 304 EAST 2ND AVENUE
CITY-ST-ZIP ROME GA 30161 ☒ Delete

TITLE S.T.
NAME ALLYSON R. DULANEY
STREET ADDRESS 306 BRANSON RD
CITY-ST-ZIP ROME GA. 30161 ☒ Change ☐ Addition

TITLE VD
NAME SELF, JOHN G
STREET ADDRESS 214 ROLLING OAK DRIVE
CITY-ST-ZIP ROME GA 30165 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: A. Freeman Robbins A. FREEMAN ROBBINS 1-24-01 706 235-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)