2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 10, 2000 8:00 am Secretary of State DOCUMENT # **F9600006107** DISTRICT HEALTHCARE & JANITORIAL SUPPLY, INC. 08-10-2000 90009 023 ***550.00 Principal Place of Business Mailing Address 10302 NW SOUTH RIVER DRIVE 10302 NW SOUTH RIVER DRIVE **BAY 24** BAY 24 MEDLEY FL 33178 MEDLEY FL 33178 AD072307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1755328 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOPKINS, KENNETH Street Address (P.O. Box Number is Not Acceptable) 10302 NW SOUTH RIVER DRIVE **BAY #24** MEDLEY FL 33178 Zip Code City FL 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) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PVST** Change ☐ Delete TITLE TITLE WILLIAMS, PERNELL J NAME NAME 9241 HAMPTON OVERLOOK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPITAL HEIGHTS MD 20743 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, Ro kg Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered. legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #