

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 12, 2001 8:00 am
Secretary of State

01-31-2001 90021 003 ***158.75

DOCUMENT # F96000006107

1. Entity Name

DISTRICT HEALTHCARE & JANITORIAL SUPPLY, INC.

Principal Place of Business

10302 NW SOUTH RIVER DRIVE
BAY 24
MEDLEY FL 33178

Mailing Address

10302 NW SOUTH RIVER DRIVE
BAY 24
MEDLEY FL 33178

2. Principal Place of Business

10302 N.W. South River Drive
Suite, Apt. #, etc.
BAY #24

3. Mailing Address

10302 N.W. South River Drive
Suite, Apt. #, etc.
BAY #24

City & State

Medley FL 33178

City & State

Medley FLORIDA

Zip

33178

Country

Zip

33178

Country

4. FEI Number

52-1755328
52-1755-328

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, KENNETH
10302 NW SOUTH RIVER DRIVE
BAY #24
MEDLEY FL 33178

7. Name and Address of New Registered Agent

Name HOPKINS, KENNETH GENERAL MANAGER
Street Address (P.O. Box Number is Not Acceptable)
10302 N.W. SOUTH RIVER DRIVE
BAY #24
City Medley FL Zip Code 33178

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

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

TITLE PVST Pres. C.E.O.
NAME WILLIAMS, PERNELL J
STREET ADDRESS 9241 HAMPTON OVERLOOK
CITY-ST-ZIP CAPITAL HEIGHTS MD 20743

☐ Delete

TITLE GENERAL MANAGER, V.P.
NAME KENNETH HOPKINS
STREET ADDRESS 10302 N.W. SOUTH RIVER DRIVE BAY #24
CITY-ST-ZIP Medley Florida 33178

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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)(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: Kenneth Hopkins V.P. GENERAL MANAGER 12/29/00 (305) 888-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)