

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004082

1. Entity Name

KAUFMAN SUPPLY, INC.

Principal Place of Business

4825 FULTON INDUSTRIAL BLVD
ATLANTA GA 30336

Mailing Address

4325 FULTON INDUSTRIAL BLVD
ATLANTA GA 30336

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

65-0845711

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

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	P	<input checked="" type="checkbox"/> Delete
NAME	KAUFMAN, RICHARD L	
STREET ADDRESS	4825 FULTON INDUSTRIAL BLVD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	LOGAN, BARRY S	
STREET ADDRESS	4825 FULTON INDUSTRIAL BLVD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HAYES, FRED	
STREET ADDRESS	4825 FULTON INDUSTRIAL BLVD	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	range <input checked="" type="checkbox"/> Addition
NAME	John Christopher Stoltz	
STREET ADDRESS	4825 Fulton Industrial Blvd	
CITY-ST-ZIP	Atlanta, GA 30336	
TITLE	Vice President/Treasurer	Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Donham	
STREET ADDRESS	4825 Fulton Industrial Blvd	
CITY-ST-ZIP	Atlanta, GA	
TITLE	Secretary	range <input checked="" type="checkbox"/> Addition
NAME	Barry Logan	
STREET ADDRESS	4825 Fulton Industrial Blvd	
CITY-ST-ZIP	Atlanta, GA 30336	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Palmese	
STREET ADDRESS	4825 Fulton Industrial Blvd	
CITY-ST-ZIP	Atlanta, GA 30336	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna Menendez	
STREET ADDRESS	4825 Fulton Industrial Blvd	
CITY-ST-ZIP	Atlanta, GA 30336	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

404-699-8752

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90054 042 ***150.00



DO NOT WRITE IN THIS SPACE