

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G70919

FILED
Jan 10, 2003
Secretary of State

Entity Name: PROFESSIONAL OFFICE PRODUCTS, INC.

Current Principal Place of Business:

6600-5 YOUNGERMAN CIRCLE
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

6600-5 YOUNGERMAN CIR
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: 59-2339969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DAVID L.
602 THORNWOOD LANE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, DAVID L.,
Address: 602 THORNWOOD LANE
City-St-Zip: ORANGE PARK, FL

Title: VD () Delete
Name: JONES, GLENDA S.,
Address: 602 THORNWOOD LANE
City-St-Zip: ORANGE PARK, FL

Title: D () Delete
Name: JONES, HAROLD B.,
Address: 4137 BRIDGEVILLE PLACE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, DAVID L.,
Address: 602 THORNWOOD LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: VD (X) Change () Addition
Name: JONES, GLENDA S.,
Address: 602 THORNWOOD LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Change () Addition
Name: JONES, HAROLD B.,
Address: 4137 BRIDGEVILLE PLACE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. JONES

PRES

01/10/2003

Electronic Signature of Signing Officer or Director

Date