

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90053 007 \*\*\*150.00

**DOCUMENT # H25600**

1. Entity Name

**FLORIDA INDUSTRIAL SUPPLY HOUSE INC.**

Principal Place of Business

Mailing Address

5820 WINFIELD BLVD  
MARGATE FL 33063  
US

P.O. BOX 936050  
MARGATE FL 33093-6050  
US

2. Principal Place of Business

**1672 W. Hillsboro Blvd**

3. Mailing Address

**P.O. BOX 4816**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Deerfield Beach FL**

City & State

**Deerfield Beach FL**

4. FEI Number

**59-2455855**

Applied For

Not Applicable

Zip

Country

**33442 USA**

Zip

Country

**33442 USA**

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

JACKSON, NANCY R  
2242 FOXWOOD DR  
ORANGE PARK FL 32073

Name

**NANCY R. JACKSON**

Street Address (P.O. Box Number is Not Acceptable)

**111 DEERCREEK BLVD # 107**

City

**Deerfield Beach**

FL

Zip Code

**33442**

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, 2000 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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **JACKSON, NANCY R.**  
CITY-ST-ZIP **5820 WINFIELD BLVD**  
**MARGATE FL 33063**

TITLE ☒ Change ☐ Addition  
NAME **111 DEERCREEK BLVD #107**  
STREET ADDRESS **Deerfield Beach FL**  
CITY-ST-ZIP **33442**

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **JACKSON, ROBERT JR**  
CITY-ST-ZIP **459 W BRIAR PLACE- APT 459**  
**CHICAGO-IL 60657**

TITLE ☒ Change ☐ Addition  
NAME **1851 W. ADDISON Street - APT 6**  
STREET ADDRESS **CHICAGO, IL**  
CITY-ST-ZIP **60613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Nancy R. Jackson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/00 954-725-0760**  
Date Daytime Phone #

C-1 E034 (9/99)