

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87088

1. Entity Name

THE SUPPLY ROOM, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90030 012 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4000 N ORANGE BLOSSOM TRAIL
UNIT 6
ORLANDO FL 32804
US

4000 N ORANGE BLOSSOM TRAIL
UNIT 6
ORLANDO FL 32810-4269
US

2. Principal Place of Business

6349 N. Orange Blossom Trail
Suite, Apt. #, etc.
Suite B250

3. Mailing Address

6349 N. Orange Blossom Trail
Suite, Apt. #, etc.
suite B250

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2615906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REAVES, CULLEN E.
4000 N. ORANGE BLOSSOM TRAIL
UNIT 6
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name Cullen Reaves
Street Address (P.O. Box Number is Not Acceptable)
6349 N. Orange Blossom Trail
suite B250
City Orlando FL Zip Code 32810

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 *Cullen Reaves*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REAVES, CULLON E	
STREET ADDRESS	1770 CHOCTOW TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	REAVES, CULLEN E.	
STREET ADDRESS	1770 CHOCTAW TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REAVES, CUDE L	
STREET ADDRESS	1770 CHOCTAW TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reaves, Cullen E.	
STREET ADDRESS	1770 Choctaw Trail	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reaves, Carol B.	
STREET ADDRESS	1770 Choctaw Trail	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reaves, Cade L	
STREET ADDRESS	2149 Lake Dr.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Cullen Reaves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

401-295-0327

Daytime Phone #

CR2E034 (9/99)