## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J32945** 1. Entity Name

## FLORIDA INDUSTRIAL SUPPLY AND EQUIPMENT SALES, I

Principal Place of Business

Mailing Address

1112 LONGFELLOW RD

PO BOX 851

SARASOTA FL 34243

TALLEVAST FL 34270-0851

## **FILED** Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90061 003 \*\*\*150.00

US		US								
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		4.	59-2/3h(5)			plied For ot Applicable	}
Zip	-	Country .	Zip -	Country	5.	Certificate of Status Desired		8.75 Add se Require		
	6. Name	and Address of Current F	legistered Agent		7.	Name and Address of New Re	egistered Ag	ent		1
LOWE, WILLIAM E.					Name Street Address (P.O. Box Number is Not Acceptable)					
BRAI	DENTON F	L 33505								
				City			FL	Zip Cod	e	1
										┨
8. The above	named entit	ty submits this statement for	the purpose of changing its	registered office	e or registered a	igent, or both, in the State of Flo	rida.			
										1
SIGNATURE _	Signature, typed	or printed name of registered agent as	nd title if applicable. (NOTI	E: Registered Agent sig	gnature required when	reinstating)	DATE			
		State and a state of the state	EII E NOW		:0 00					1
<ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</li> </ol>			FILE NOW!!! FEE IS After MAY 1, 2000 Fee wi			10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be ☐ Added to Fees		
-	ia on back)		Make Check Payat			ILEST FOUND CONTRIBUTION	. Ц	Audec	1 10 1662	
11.		OFFICERS AND [	DIRECTORS	12.	A	ADDITIONS/CHANGES TO OFFI	CERS AND D	DIRECTOR	S IN 11	]_
TITLE	PST		☐ Delete	TITLE				☐ Change	☐ Addition	0
NAME	-	AROLD F.		NAME						10/4
STREET ADDRESS		NGFELLOW RD		STREET ADDRES	SS					15
CITY-ST-ZIP	SARASO CD	IA FL	(mm)					Change		CB2E034 /9/99
TITLE NAME		AROLD F.	☐ Delete	TITLE NAME			Change		Addition	1
STREET ADDRESS	4445 1 001055511 0011 00			STREET ADDRES	ss					
CITY-ST-ZIP	SARASO			CITY-ST-ZIP	i					
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NAME				NAME						
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TITLE			☐ Delete	TITLE NAME	į			Change	☐ Addition	
NAME STREET ADDRESS				STREET ADDRE	ss					
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				Change	Addition	1
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STREET ADDRESS				STREET ADDRE	SS					1
CITY-ST-ZIP				CITY-ST-ZIP						-
TITLE			☐ Delete	TITLE				Change	Addition	
NAME				NAME	20					
STREET ADDRESS CITY-ST-ZIP				STREET ADDRES	30					
	artify that th	ne information supplied with	this filing does not qualify fo		stated in Section	n 119.07(3)(i), Florida Statutes. (	further certif	v that the i	nformation	1
THE PROPERTY L	AND THE REPORT OF THE PARTY OF	io iniuntialion audunicu Willi	and ming accomply quality to		J.J. J.					

rne-by bermy that the information supplied with this iming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: 🕿

GAROLD F. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-739-2523 Daytime Phone #