

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90132 037 ***150.00

DOCUMENT # J46175

1. Entity Name
WIRE PRODUCTS SUPPLY CORPORATION



Principal Place of Business
P.O. BOX 821466
SO. FLORIDA FL 33082-1466
US

Mailing Address
P.O. BOX 821466
SO. FLORIDA FL 33082-1466
US



2. Principal Place of Business
P.O. Box 140786
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 140786
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Gainesville, FL
Zip
32614-0786
Country
Alachua

City & State
Gainesville, FL
Zip
32614-0786
Country
Alachua

4. FEI Number
59-2755808

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

SOST, LAWRENCE
13405 NW 12 STREET
PEMBROKE PINES FL 33028

Address Change Only

Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
8721 SW 10th Road

City
Gainesville FL Zip Code
32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
SOST, LAWRENCE C.
13405 NW 12 STREET
PEMBROKE PINES FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8721 SW 10th Road
Gainesville, FL 32607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Lawrence C. Sost** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

Date

352-331-8015

Daytime Phone #

CR2E034 (10/02)