

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K50266

FILED
Apr 03, 2002 8:00 AM
Secretary of State

Entity Name: SUPPLY, INC.

Current Principal Place of Business:

4015 CARROLLWOOD VILLAGE DR.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4015 CARROLLWOOD VILLAGE DR.
TAMPA, FL 33624

New Mailing Address:

FEI Number: 63-0990051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, AL R., JR.
4600 WEST CYPRESS
SUITE 500
TAMPA, FL 33607

Name and Address of New Registered Agent:

CARANANTE, FRANCES F
14012 NOTREVILLE WAY
TAMPA, FL 33624

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: FRANCES F. CARANANTE

04/03/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: FLORES, ARMANDO,
Address: 4015 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: FLORES, JUDITH
Address: 4015 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL

Title: VDT () Delete
Name: FLORES, ARMANDO III
Address: 5206 KENLEY WAY
City-St-Zip: BIRMINGHAM, AL 35242

Title: VDS () Delete
Name: FLORES, ALISHA
Address: 4015 CARROLLWOOD VG DR
City-St-Zip: TAMPA, FL 33624

Title: D (X) Delete
Name: VENEZIA, FRANK
Address: 992 COUNTY RD 185
City-St-Zip: JEMISON, AL 35085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FLORES, JUDITH
Address: 4015 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33624

Title: VDT (X) Change () Addition
Name: FLORES, ARMANDO III
Address: 4015 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARMANDO FLORES

PRES

04/03/2002

Electronic Signature of Signing Officer or Director

Date