

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K66990

1. Entity Name

SOUTHERN OFFICE EQUIPMENT SUPPLIES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90050 006 ***150.00

Principal Place of Business	Mailing Address
% JOANNE E. MILLER 4424 NORTH LOIS AVENUE TAMPA FL 33614	% JOANNE E. MILLER 4424 NORTH LOIS AVENUE TAMPA FL 33614-7320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2930769		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For		Not Applicable	
Zip		Country		Tampa, FL		Zip Code	
33614		U.S.A.					

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, JOANNE E. 4424 NORTH LOIS AVENUE TAMPA FL 33614		Name Charles Broes Street Address (P.O. Box Number is Not Acceptable) 6800 N. Dale Mabry Hwy Suite 100 City Tampa FL Zip Code 33614	

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 Charles Broes C.E.O. DATE 4-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JOANNE ELIZABETH 5560 AVENUE DU SOLEIL LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. D. Charles Broes 6800 N. Dale Mabry Hwy #100 Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Carawell C. Nichols 6800 N. Dale Mabry Hwy #100 Tampa FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles Broes C.E.O. DATE 4-7-00 DAYTIME PHONE # 813-882-6567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)