

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67381

1. Entity Name

SERVICE OFFICE SUPPLY, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90040 044 ***150.00

Principal Place of Business

Mailing Address

~~2810-B1 INDUSTRIAL PLAZA DRIVE EAST~~
TALLAHASSEE FL 32301

~~2813-B1 INDUSTRIAL PLAZA DRIVE EAST~~
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

2838 Industrial
Suite, Apt. #, etc. Plaza Dr.

PO Box 15038
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number 59-2932510

Applied For
Not Applicable

Zip Country
32301 USA

Zip Country
32317 USA

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

KROUSKOP-DAWS, SONYA
3375-H CAPITAL CIRCLE N.E.
SUITE 5
TALLAHASSEE FL 32308

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, JEFFREY 4910 BALLYGAR DRIVE TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7130 Nesters Drive Tallahassee, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWALD, CHARLES 4060 KILMARTIN DR TALLAHASSEE FL	<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
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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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)