

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90036 029 ***150.00

DOCUMENT # K90649

1. Entity Name
HOLLYWOOD JANITORIAL SUPPLY, INC.

Principal Place of Business

500 N DIXIE HWY
HOLLYWOOD FL 33020
US

Mailing Address

500 N DIXIE HWY
HOLLYWOOD FL 33020
US

2. Principal Place of Business

500 N Dixie Hwy
Suite, Apt. #, etc.
Suite 1

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

Country

33020

US

Country

Country

Country

Country

4. FEI Number

65-0120773

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MURPHY, PAUL L.
3417 NORTH LONGFELLOW CIRCLE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **LARRY T WYNN**
Street Address (P.O. Box Number is Not Acceptable)
4700 JACKSON ST
City **Hollywood** **FL** **Zip Code** **33021**

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 **LARRY T WYNN PRES** **Larry T Wynn** **1-11-02**
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, PAUL L.	
STREET ADDRESS	3417 NORTH LONGFELLOW CIRCLE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY T WYNN	
STREET ADDRESS	4700 JACKSON ST	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitzi L. WYNN	
STREET ADDRESS	4700 JACKSON ST	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **LARRY T WYNN** **LARRY T. WYNN** **1-11-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **954 921-7546**

CR2E034 (9/01)