

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L63296

1. Entity Name

NATIONAL DISCOUNT OFFICE SUPPLIES OF FLORIDA, IN

Principal Place of Business

2628 17TH STREET
SARASOTA FL 34234
US

Mailing Address

P.O. BOX 5
SARASOTA FL 34230-0005
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PERCY, GEORGE H.
2628 17TH ST
SARASOTA FL 34234

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME PERCY, GEORGE H.
STREET ADDRESS 2628 17TH ST
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE D
NAME PERCY, MARILYN E.
STREET ADDRESS 2628 17TH ST
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE D
NAME LYONS, DEBORAH M.
STREET ADDRESS 2033 MAIN ST. #600
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

Signature of George H. Percy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00 (941) 955-9229
Date Daytime Phone #

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90006 024 ***550.00

00086227



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0090042

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)