

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90011 019 ***150.00

DOCUMENT # L99996
 1. Entity Name
HUB CITY INDUSTRIAL SUPPLY, INC.

Principal Place of Business Mailing Address
BOX 3609 **BOX 3609**
LAKE CITY FL 32056 **LAKE CITY FL 32056**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3025732** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MAGSTADT, MARK
RR 9 BOX 1029
ASHBY ROAD
LAKE CITY FL 32055

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 _____ (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.
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 type="checkbox"/> Delete
NAME	MAGSTADT, MARK	
STREET ADDRESS	ROUTE 9, BOX 1029	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, SCOTT	
STREET ADDRESS	ROUTE 9, BOX 1042	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEWART, PAM	
STREET ADDRESS	ROUTE 9, BOX 1042	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAGSTADT, TAMMY	
STREET ADDRESS	ROUTE 9, BOX 1029	
CITY-ST-ZIP	LAKE CITY FL	
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		<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: *Tammy Magstadt* **Tammy Magstadt** 1-19-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (9/01)