

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

00 APR 30 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000410

1. Entity Name
US OFFICE PRODUCTS, FLORIDA DISTRICT, LLC

Principal Place of Business
9600 PARKSOUTH COURT
ORLANDO FL 32837

Mailing Address
9600 PARKSOUTH COURT
ORLANDO FL 32837-8366

2. Principal Place of Business

3. Mailing Address
13501 Ingenuity Drive #300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando

4. FEI Number 52-1906050

Applied For
Not Applicable

Zip

Country

Zip

FL

Country

32826

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
U.S. OFFICE PRODUCTS COMPANY
1025 THOMAS JEFFERSON ST. N.W., STE. 600 E
WASHINGTON DC 20007 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH T. DOYLE, CFO OF THE MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00

Date

202-339-6700

Daytime Phone #

CR2E083 (9/99)