

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90192 037 ***158.75

DOCUMENT # **PO1000019548**

1. Entity Name

A-Z Supply, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3960 WEST NAVY BLVD.

Suite, Apt. #, etc.

UNIT 20

City & State

PENSACOLA, FLA.

Zip

32507-1268

Country

ESCAMBIA

3. Mailing Address

3960 WEST NAVY BLVD.

Suite, Apt. #, etc.

UNIT 20

City & State

PENSACOLA, FLA.

Zip

32507-1268

Country

ESCAMBIA

DO NOT WRITE IN THIS SPACE

4. FEI Number

NONE

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLYDE J. PATRONI

Street Address (P.O. Box Number is Not Acceptable)

5 SABINE DRIVE

PENSACOLA BEACH

City

FL

Zip Code

32567

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	TITLE	NAME
STREET ADDRESS	PATRONI, CLYDE J.	STREET ADDRESS	
CITY - ST - ZIP	5 SABINE DR. PENSACOLA BEACH FL	CITY - ST - ZIP	
TITLE	VANAISTINE, TIMOTHY L.	TITLE	
STREET ADDRESS	5904 NICKLAUS LN.	STREET ADDRESS	
CITY - ST - ZIP	MILTON, FLA.	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CLYDE J. PATRONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #

850-572-2153

CR2E034B (12/01)