

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90562 008 ***150.00

DOCUMENT # P01000056305

1. Entity Name
U.S. RUBBER SUPPLY, INC.

Principal Place of Business

8601 NW 81ST RD #4
MEDLEY FL 33166-2144

Mailing Address

8601 NW 81ST RD #4
MEDLEY FL 33166-2144

2. Principal Place of Business

8308 NW SP RIVER DR
 Suite, Apt. #, etc.

3. Mailing Address

8308 NW SP RIVER DR
 Suite, Apt. #, etc.

City & State

MEDLEY FL
 Zip **33166** Country **USA**

City & State

MEDLEY FL
 Zip **33166** Country **USA**

4. FEI Number

65-112884

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PAPAS, GEORGE J
8601 NW 81ST RD #4
MEDLEY FL 33166-2144

7. Name and Address of New Registered Agent

8308 NW SP RIVER DR
MEDLEY FL 33166

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]*
 Signature, typed or printed name of registered agent, if not applicable.

DATE *[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	D
NAME	PAPAS, GEORGE J
STREET ADDRESS	8601 NW 81ST RD #4
CITY-ST-ZIP	MEDLEY FL 33166-2144
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8308 NW SP RIVER DR
CITY-ST-ZIP	MEDLEY FL 33166
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-889-0331

CR2E034 (9/01)