2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P01000121255 DOCUMENT

1. Entity Name

S&S SUPPLY OF SOUTH FLORIDA, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91384 030 ***150.00

A STATE OF THE STA
--

Principal Plac 2234 N. FEDE BOCA RATON	ral Hwy., Ste. 423	2234	Mailing Address 2234 N. FEDERAL HWY., STE. 423 BOCA RATON FL 33431								
2. Principal P	lace of Business	3. Mai	3. Mailing Address				I CEDIUEDI III DDIDI IIDII DEILI DOIN OBIDI		i (finin filski)	81181 8111 1861	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	9	City	City & State			4. 1	FEI Number 03-0379825			pplied For ot Applicable	
Zip	Country	ntry Zip Cou			try	5. (5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					Name_	7. 1	Name and Address of New Registe	ered Ago	ent		
•	and the second s	<u>-</u> -	- _			-	- · · · · · · · · · · · · · · · · · · ·	يان پيرمسد	من ما ششد	• •	
MARCUS,			Stree			et Address (P.O. Box Number is Not Acceptable)					
*	ederal Hwy., Ste. 423 Fon Fl 33431										
DUCA NA	IUN FL 33431				0.1				Zim Cor	10	
•					City			FL.	Zip Cod		
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if app	olicable. (NOTE	E: Registere	d Agent signature r	equired when re	einstating) L	ATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department						9. Election Campaign Financin Trust Fund Contribution.	g 🗆		00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTO	PRS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS	AND D	RECTOP	S IN 11	
TITLE	SP NARVIE DICHARD		☐ Delete	TITL	I				Change	Addition	
NAME STREET ADDRESS	MARKUS, RICHARD 2234 N FEDERAL HWY # 423				ET ADDRESS		,				
CITY-ST-ZIP	BOCA RATON FL 33431				-ST-ZIP					} !	
TITLE	****		☐ Delete	TITL	E		•		Change	☐ Addition	
NAME	•			NAM	E ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				•	-ST-ZIP						
TITLE	104 TW-2-T-		☐ Delete	TITL	E			Γ.	Change	Addition	
NAME	,			NAM	E						
STREET ADDRESS CITY-ST-ZIP					ET ADDRÉSS -ST-ZIP						
			☐ Delete	TITL	<u> </u>			Г	Change	☐ Addition	
TITLE NAME			L Delete	. NAM				L	_ onunge	Nadition	
STREET ADDRESS				STRE	ET ADDRESS					}	
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS					ET ADDRESS					}	
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITL	E				Change	Addition	
NAME				NAM							
STREET ADDRESS					ET ADDRESS -ST-ZIP						
CITY-ST-ZIP	portify that the information supplied w	ith thic filina	does not qualify for			in Section	110 07(3)(i) Florida Statutos I furthe	er certify	that the	information	

indicated on this report or supplied with this mining does not qualify for the exemplion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the findicated on this report or suppliemental 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 of (O) to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE:

3-28-03

Daytime Phone #