

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90050 034 ***150.00

07/14/99 AV

DOCUMENT # P02000117775

1. Entity Name

RELANCE SUPPLY OF JACKSONVILLE, INC.



Principal Place of Business
**219 EDGEWOOD AVENUE SOUTH
JACKSONVILLE FL 32205**

Mailing Address
**219 EDGEWOOD AVENUE SOUTH
JACKSONVILLE FL 32205**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 6833

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE FL

Zip

Country

Zip

32236-6833

Country

4. FEI Number

01-0749907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRYL, ROBERT B
219 EDGEWOOD AVENUE SOUTH
JACKSONVILLE FL 32205**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CARRYL, ROBERT B**
STREET ADDRESS **219 EDGEWOOD AVENUE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **D** ☐ Delete
NAME **CARRYL, SHERI M**
STREET ADDRESS **219 EDGEWOOD AVENUE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/8/03 904-387-0911

CR2E034 (4/03)

Attachment 801-11111
P02000117775



September 8, 2003

To Whom It May Concern:

This is our first year filing for this company. To my knowledge we did not receive the prior notice. Could you please waive the late fee?

Thank you,

A handwritten signature in black ink, appearing to be "RC" or "Rob Carryl", written in a cursive style.

Rob Carryl
President

Reliance Supply of Jacksonville Inc.
PO Box 6833
Jacksonville, FL 32236
P02000117775