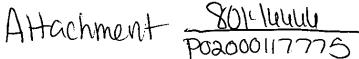
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	003 FOR PROF			FILED Sep 10, 2003 8:00 am
DOCUMENT # P02000117775 1. Entity Name				Secretary of State 09-10-2003 90050 034 ***150.00
	E SUPPLY OF JACKSONVII	LE, INC.		
Principal Place of Business 219 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205		Mailing Address 219 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205		
2. Principal F	Place of Business	3. Mailing Address P.O. Box 68.	37	- 1 (300)(300) (10 00)(0 1)(6)(00)(6 63)(1 06)(0) (100) (100) (100)(100)(100)(100)(10
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	te	City & State JACKSONVILLE	FL	4. FEI Number Applied For Not Applicable
Zip	Country	Zip 32236-6833	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current			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 famillar 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 \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRYL, ROBERT B 219 EDGEWOOD AVENUE SOUT JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRYL, SHERI M 219 EDGEWOOD AVENUE SOUT JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP		Deléte Deléte	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is	true and accurate and that my owered to execute this report as	signature shall have the s	oction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 11 if





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,

Rob Carryl President

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