

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/24/2003-90113-045 \$150.00-\$150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 28 AM 8:00

0117024 AV

DOCUMENT # P02000122743

1. Entity Name  
FACILITY SUPPLY GROUP INC.



Principal Place of Business  
19725 GLEN ELM WAY  
ORLANDO FL 32833  
US

Mailing Address  
19725 GLEN ELM WAY  
ORLANDO FL 32833  
US

2. Principal Place of Business

19725 GLEN ELM WAY

3. Mailing Address

19725 GLEN ELM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES *MRS*

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number

32-004-2534

Applied For

Not Applicable

Zip  
32833

Country

Zip  
32833

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, JAYSON DALE  
19725 GLEN ELM WAY  
ORLANDO FL 32833

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 \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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 P  
NAME CARPENTER, JAYSON DALE ☐ Delete  
STREET ADDRESS 19725 GLEN ELM WAY  
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE VPT  
NAME CARPENTER, KEN D ☐ Delete  
STREET ADDRESS 421 FIELDSTREAM BLVD.  
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME 700022637087  
STREET ADDRESS 08/28/03--01072--010 \*\*400.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

809-643-9064

Date

Daytime Phone #

CR2E034 (10/02)