

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000003095

1. Entity Name

GUY INDUSTRIAL SUPPLY, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90053 021 ***150.00

Principal Place of Business

Mailing Address

4027 S. 50TH
TAMPA FL 33619
US

4027 S. 50TH
TAMPA FL 33619-6727
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3151826**

Applied For

Not Applicable

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

GUY, GARY
3520 YALE CIRCLE
RIVERVIEW FL 33569

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GUY, GARY	
STREET ADDRESS	3520 YALE CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUY, PHILLIP	
STREET ADDRESS	9301 RIVER COVE DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUY, MARGREAT	
STREET ADDRESS	9301 RIVER COVE DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUY, CINDY	
STREET ADDRESS	3520 YALE CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
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"/> 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	
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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:

Phillip M. Guy **PHILLIP-M. GUY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00
Date

813-247-7377
Daytime Phone #

CR2E034 (9/99)