2000 UNIFORM BUSINESS REPORT (UBR)

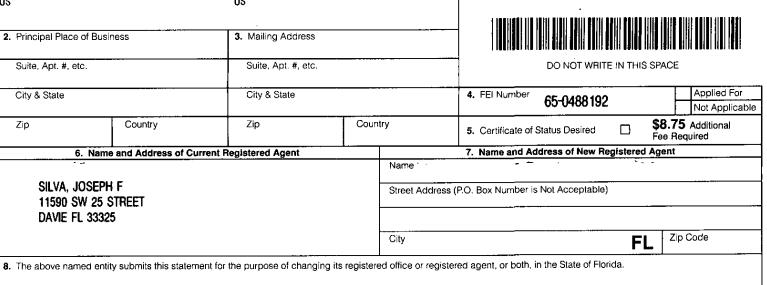
DOCUMENT # **P94000039601** 1. Entity Name C & S SUPPLY INCORPORATED Principal Place of Business Mailing Address 6845 PEMBROKE RD 6845 PEMBROKE RD PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023-2678 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90003 027 ***150.00



SIGNATURE								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11.	OFFICERS AND DIE	RECTORS	12.	ADDITIONS/CHA	ANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, JOSPEH F 11590 SW 25 STREET DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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Country

Name

City

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:

City & State

SILVA, JOSEPH F

11590 SW 25 STREET **DAVIE FL 33325**

Country

6. Name and Address of Current Registered Agent

Zip

SIGNATURE AND TYPED OR PRINTEDINAME OF SIGNING OFFICER OR DIRECTOR