

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077196

1. Entity Name

CORPORATE SUPPLY, INC.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 037 ***550.00

Principal Place of Business

Mailing Address

13540 GRANVILLE AVENUE
CLERMONT FL 34711
US

17801 BONNIEVISTA CT
WINTER GARDEN FL 34787-9431
US

2. Principal Place of Business

2185 James Street

3. Mailing Address

2185 James Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number

59-3274536

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNS, KAREN
17,801 BONNIEVISTA COURT
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

Davis Diaz de Arce

Street Address (P.O. Box Number is Not Acceptable)

2185 James Street

City

St. Cloud

FL

Zip Code
34711

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

TITLE ☐ Delete
NAME DIAZ DE ARCE, DAVID
STREET ADDRESS 2185 JAMES STREET
CITY-ST-ZIP ST CLOUD FL 34771

TITLE ☐ Delete
NAME LOUGHEED, R ALLEN
STREET ADDRESS DEER ISLAND CIRCLE
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME BRUNS, KAREN
STREET ADDRESS 17,801 BONNIEVISTA COURT
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ Delete
NAME BRUNS, ALAN L
STREET ADDRESS 17801 BONNIEVISTA COURT
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2000 407 892 1622

Date

Daytime Phone #

CR2E034 (9/99)