

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080218

1. Entity Name

A & B DISCOUNT LUMBER & SUPPLY, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90388 038 ***158.75

Principal Place of Business

14 W. PLANT STREET
WINTER GARDEN FL 34787

Mailing Address

P.O. BOX 458
OAKLAND FL 34760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-1583880**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASMA, WILLIAM
886 SOUTH DILLARD STREET
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, ANDREW SR.	
STREET ADDRESS	273 AVALON ROAD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VP	<input type="checkbox"/> Delete
NAME	QUARRELLS, LEON	
STREET ADDRESS	6554 MERITMOOR CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUARRELLS, DELORES	
STREET ADDRESS	6554 MERITMOOR CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, ALLIE M	
STREET ADDRESS	273 AVALON ROAD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

Delores Quarrells (Delores Quarrells)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

(407) 877-0927

Daytime Phone #

CR2E034 (10/00)