2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043364 May 08, 2000 8:00 am Secretary of State HOLLYWOOD SUPPLY CO., INC. 05-08-2000 90185 038 ***150.00 Mailing Address Principal Place of Business 750 N DIXIE HWY 750 N DIXIE HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-3907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0585638 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>DeMoliner,</u> Richard AUSTIN, SCOTT R ESQ. Street Address (P.O. Box Number is Not Acceptable) 750 N. Dixie Highway HOUSTON & SHAHADY, P.A. 100 N.E. THIRD AVE., SUITE 850 FT. LAUDERDALE FL 33301 Hollywood 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. 4/26/00 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5:00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F Change ☐ Addition TITLE X Delete NAME NAME DEMOLINER, ANNE STREET ADDRESS 750 N. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP HOLLYWOOD FL 33020 Change Addition PD ☐ Delete TITLE NAME DEMOLINER, GINO NAME PD STREET ADDRESS STREET ADDRESS 750 N. DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Oelete X Addition TITLE NAME DeMoliner Richard N. Dixie STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lywood: ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.

Richard DeMoliner, Vice Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

s 4/26/00 (954)923-7330

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