

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90036 039 \*\*\*150.00

**DOCUMENT # P95000089385**

1. Entity Name  
**EFFICIENCY OFFICE SUPPLY & SHIPPING CENTER, INC.**

Principal Place of Business <b>620 SOUTH PARROTT AVENUE          OKEECHOBEE FL 34974</b>	Mailing Address <b>620 SOUTH PARROTT AVENUE          OKEECHOBEE FL 34974</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0627737</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>HENNESSY, CAROL A          620 SOUTH PARROTT AVENUE          OKEECHOBEE FL 34974</b>				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 \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HENNESSY, CAROL A</b>		NAME		
STREET ADDRESS	<b>620 SOUTH PARROTT AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>		CITY-ST-ZIP		
TITLE	<b>PT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HENNESSY, CAROL A</b>		NAME		
STREET ADDRESS	<b>620 S PARROTT AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>		CITY-ST-ZIP		
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HENNESSY, LEONARD</b>		NAME		
STREET ADDRESS	<b>620 S PARROTT AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carol A. Hennessy **CAROL A. HENNESSY** 2/21/2001 (863) 763-8707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)