

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070986

1. Entity Name

STATE SUPPLY INC., OF SO. FLORIDA

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90218 032 \*\*\*150.00

Principal Place of Business

1849 7TH AVE NORTH  
LAKE WORTH FL 33461  
US

Mailing Address

C/O WERKSMAN, ALAN J. ESQ  
160 SW 12 AVENUE #101B  
DEERFIELD BEACH FL 33442-3114  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0706704**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WERKSMAN, ALAN J  
160 SW 12 AVENUE #101B  
DEERFIELD BEACH FL 33442

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                               |                                     |                                 |
|-------------------------------|-------------------------------------|---------------------------------|
| TITLE<br>NAME                 | DPST<br>SICKLES, JUDITH             | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP | 1849 7TH AVE NORTH<br>LAKE WORTH FL |                                 |
| TITLE<br>NAME                 |                                     | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP |                                     |                                 |
| TITLE<br>NAME                 |                                     | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP |                                     |                                 |
| TITLE<br>NAME                 |                                     | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP |                                     |                                 |
| TITLE<br>NAME                 |                                     | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>CITY-ST-ZIP |                                     |                                 |

|                               |  |  |
|-------------------------------|--|--|
| TITLE<br>NAME                 |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY-ST-ZIP | 61 Misty Meadow Drive<br>Boynton Beach, FL 33462 |  |
| TITLE<br>NAME                 | Vice President/Director<br>Mark Sickles          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>CITY-ST-ZIP | 7799 Rockport Circle<br>Lake Worth, FL 33467     |  |
| TITLE<br>NAME                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br>CITY-ST-ZIP |  |  |
| TITLE<br>NAME                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br>CITY-ST-ZIP |  |  |
| TITLE<br>NAME                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br>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:

*Judith Sickles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00  
Date

561 588-0008  
Daytime Phone #

CR2E034 (9/99)