

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094008

1. Entity Name

THE SUPPLY SOURCE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90154 007 ***150.00

B0003444



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3811 UNIVERSITY BLVD. WEST SUITE 2 JACKSONVILLE FL 32217	Mailing Address 3811 UNIVERSITY BLVD. WEST SUITE 2 JACKSONVILLE FL 32207-8039
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2. Principal Place of Business 2899 Powers Ave Suite, Apt. #, etc. Suite 2 City & State Jacksonville FL Zip 32207 Country USA	3. Mailing Address 2899 Powers Ave Suite, Apt. #, etc. Suite 2 City & State Jacksonville, FL Zip 32207 Country USA
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4. FEI Number 59-3412389	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STURSBURG, ROBERT G
3811 UNIVERSITY BLVD. WEST
SUITE 2
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name
Robert G. Stursberg
Street Address (P.O. Box Number is Not Acceptable)
2899 Powers Ave
Suite #2
City
Jacksonville FL Zip Code
32207

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 DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STURSBURG, ROBERT G 3811 UNIVERSITY BLVD WEST, #2 JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert G. Stursberg 2899 Powers Ave Suite #2 Jacksonville FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TASKER, CHRISTOPHER R. 3811 UNIVERSITY BLVD WEST, 32 JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christopher R. Tasker 2899 Powers Ave Suite #2 Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)