## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000038852

1. Entity Name

K & W SUPPLY, INC.

Principal Place of Business

1003 30TH ST SOUTH

Mailing Address

P O BOX 1180

FILED Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90107 024 \*\*\*150.00

ST PETERSBU   US	RG FL 33733		LARGO FL 33779-1180											
2. Principat	Place of Busin	ess	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO 1	NOT WRITE I	N THIS SE	PACE			
City & Sta	ite		City & State			4.	4. FEI Number 59-3441397 Applied For Not Applicable							
Zip		Country	Zip Countr		atry	5.	5. Certificate of Status De			\$8.75 Additional Fee Required			-	
	6. Name	7. Name and Address of New Registered Agent												
"?					. Name	~ -		u Addiess	or New negr	~	- · ·		-	
FEE, RICHARD E					Stroot Address (D.O. Day Number in New Assessment 1									
101 E KENNEDY BLVD, SUITE 1030						Street Address (P.O. Box Number is Not Acceptable)								
IAM	IPA FL 33602	4												
					City					FL	Zip Cod	e	7	
8. The above	e named entity	submits this statement for	the purpose of changing its	egistere	ed office o	or registered a	gent, or bo	oth, in the St	tate of Florida	3.			1	
SIGNATURE														
OIGHATORE	Signature, typed o	r printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	d Agent signa	ture required when i	reinstating)			DATE			Ì	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE						.00	40 5					_	1	
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 200		550.00 Trust Fund (			mpaign Financing \$5.00 May Contribution.				ł		
	ria on back)		Make Check Payabl	epartmer	nt of State	1			_	710000	. 10 1 000			
11.	OFFICERS AND DIRECTORS 12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
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indicated	on this report of	monnation supplied with the	nis filing does not qualify for the	ne exem	iption stat	ed in Section	119.07(3)(	ı), Fiorida Si	tatutes. I furti	ner certify	that the in	formation	1	

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 trusted 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 attackment with an applicable, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR