

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90002 003 \*\*\*150.00

**DOCUMENT # P97000082371**

1. Entity Name  
**DELRAY OFFICE SUPPLY INC.**

*2*

Principal Place of Business      Mailing Address  
**14850 S. MILITARY TRAIL      14850 S. MILITARY TRAIL**  
**DELRAY BEACH FL 33484      DELRAY BEACH FL 33484**

18281



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      **APPLIED FOR**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUGRIDGE, ROBERT**  
**373 S.W. 33RD TERRACE**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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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	

**PLEASE SEE ATTACHED**

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: SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #



Doc # P9700082371

18281

7937

617148

BOCA-DELRAY OFFICE PRODUCTS, INC.

14850 S. MILITARY TRL. 561-498-4710  
DELRAY BEACH, FL 33484-8153

63-643/670  
BRANCH 00552

DATE

2/18/00

PAY TO THE ORDER OF Florida Department of State \$ 150.00

**150 DOLLARS**

DOLLARS

Security Features  
Check on back

AUTH. SIGN.

*Jerry A. Beck*

FIRST UNION  
First Union National Bank  
R/T 067006432

⑆00000⑆5000⑆

⑆007937⑆ ⑆067006432⑆ ⑆2155200059102⑆

SEE OTHER SIDE

ALL CHECKS ARE DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT (S)

DATE	AMOUNT
2/18/00	150.00
Delray Office Supply	
TOTAL OF INVOICES	
LESS: % DISCOUNT	
LESS	
TOTAL DEDUCTIONS	
AMOUNT OF CHECK 150.00	