2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 13, 2000 8:00 am DOCUMENT # P97000082371 Secrétary of State DELRAY OFFICE SUPPLY INC. 02-26-2000 90002 003 ***150 00 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. Applied For City & State City & State 4. FEI Number Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUGRIDGE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 373 S.W. 33RD TERRACE **DEERFIELD BEACH FL 33442** Zip Code City 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 : FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OF S AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE TITLE ☐ Delete PACK, TERRY NAME MAME 7408 SW 14TH PL. STREET ADDRESS STREET ADDRESS N. LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete THTLE MUGRIDGE, ROBERT NAME NAME 373 SW 33RD TERRACE STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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SIGNATURE:

CITY-ST-ZIP

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	6. Name and Address of Current R	egistered Agent	<u> </u>	7. Name and	Address of New Registere		
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