

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068616

1. Entity Name

S & E SUPPLY, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90136 010 \*\*\*150.00

Principal Place of Business

~~12201 NW 35 ST  
# 218  
CORAL SPRINGS FL 33065~~

Mailing Address

~~12201 NW 35 ST  
# 218  
CORAL SPRINGS FL 33009-1513~~

2. Principal Place of Business

6894 NW 20 AVE

3. Mailing Address

6894 NW 20 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

65-0856126

Applied For

Not Applicable

Zip

33309

Country

Zip

33309

Country

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

HOROWITZ, LARRY

~~12202 NW 35 ST~~

~~# 218~~

~~CORAL SPRINGS FL 33065~~

Name

Street Address (P.O. Box Number is Not Acceptable)

6894 NW 20 AVE

City FT LAUDERDALE

FL

Zip Code

33309

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 D ☐ Delete  
NAME ELLIS, BRUCE S  
STREET ADDRESS 8285-A SEVERN DR.  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HOROWITZ, LAWRENCE R  
STREET ADDRESS 8321 SANDS PT. BLVD.  
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY HOROWITZ

Date

4/16/00

Daytime Phone #

954-9749595

CR2E034 (9/99)