

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081969

1. Entity Name

AMERICAN OFFICE SUPPLY CO., INC.

Principal Place of Business

1116-B EDGEWOOD AVENUE N.
JACKSONVILLE FL 32254

Mailing Address

1116-B EDGEWOOD AVENUE N.
JACKSONVILLE FL 32254

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3534425

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

WILKERSON, JAMES E JR.
~~3324 LAKESHORE BLVD.~~
JACKSONVILLE FL 32210

Name

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

3684 RIVERSIDE AVENUE

City Jacksonville

FL

Zip Code 32205

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.

JAMES E. WILKERSON, JR.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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, 2001 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 P ☐ Delete
NAME WILKERSON, JAMES E JR.
STREET ADDRESS 3324 LAKESHORE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE V ☐ Delete
NAME BEVIS, NORMA J
STREET ADDRESS 1760 GREENWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3684 Riverside Avenue
CITY-ST-ZIP Jacksonville, FL 32205

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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

JAMES E. WILKERSON, JR. 4/26/01

Date

Daytime Phone #

904.705.1888

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90117 028 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)