2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9900001981 Jul 24, 2000 8:00 am 1. Entity Name **Secrétary of State** PROFESSIONAL OFFICE SUPPLY, INC. 07-24-2000 90006 015 ***150.00 Principal Place of Business Mailing Address 4510 MEAGER CIRCLE 4510 MEAGER CIRCLE PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 3. Mailing Address 2. Principal Place of Business P.O. Box 1505 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 65-0886400 Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNHAM, DAVID Street Address (P.O. Box Number is Not Acceptable) **4510 MEAGER CIRCLE** PORT CHARLOTTE FL 33948 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE Delete DUNHAM, DAVID NAME NAME **4510 MEAGER CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition TITLE . Delete 🗸 . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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Professional Office Supply, Inc. 127 E. Tampa Ave. #6 Venice, Florida 34285

To Whom It May Concern:

Please forgive me the late fee for not filing my Uniform Business Report on the earlier due date. Being a new Corporation, I was unaware of the filing and either did not receive the first report or could have possibly lost it. My CPA advised me that this is a report due annually and informed me of the necessity to file. He also advised me to write this letter to ask your forgiveness of the late filing fee due to the fact that this is the first time I have had to file a report of this type and my ignorance of the need to do so.—Being——a new business, every dollar in expense is a major investment. I would be forever grateful if you could find it in your heart to allow me to be forgiven of this penalty. I can assure you that this will never happen again in the future.

Thank you for your understanding.

Sincerely,

David Dunham: Owner

Professional Office Supply, Inc.