

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90063 004 ***150.00

DOCUMENT # **P49000075953 (2)**

1. Entity Name
FOX SUPPLY CO., INC.



DO NOT WRITE IN THIS SPACE

90139247

2. Principal Place of Business
8124 E. ATLANTIC BLVD

3. Mailing Address
PO BOX 350563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BCH, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
65-074-3812

Applied For
Not Applicable

Zip
33062

Country
USA

Zip
33335

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PATRICK FOX

Street Address (P.O. Box Number is Not Acceptable)
8124 E. ATLANTIC BLVD

City **POMPANO BEACH FL** Zip Code **33062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

PATRICK FOX

1/1/03
DATE

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
PATRICK FOX
8124 E. ATLANTIC BLVD
POMPANO BCH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK FOX, Pres.

Date

Daytime Phone #

1/1/03 781-4165

CR2E034B (12/02)

Attachment
90139247
P99000075953

FOX SUPPLY CO.

Po Box 350563 Fort Lauderdale, FL 33335

Ph: 954-781-4165 Fax: 954-781-4066

sales@foxsupplyco.com

Thursday, June 05, 2003

Florida Department of State
Division Of Corporations
Po Box 6327
Tallahassee, FL 32314

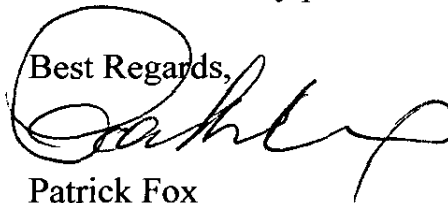
To Whom It Concerns:

We did not receive the mailed annual report from the state.
The state sent the notification to our old mailing address.

As of July 11, 2002, our mailing address is:
Fox Supply Co., Inc.
Po box 350563
Ft Lauderdale, FL 33335

A copy of the form requested is enclosed. A check, and e-mail
correspondence is enclosed. Please contact me with any problems.

Best Regards,



Patrick Fox
President
Fox Supply Co., Inc.
sales@foxsupplyco.com