

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90035 038 ***150.00

DOCUMENT # S98570
 1. Entity Name
FORM-CO SUPPLY, INC.

Principal Place of Business Mailing Address
 P.O. BOX 24507 P.O. BOX 24507
 LAKELAND FL 33802 LAKELAND FL 33802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3094404	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SHAFFER, ALLEN G. 1328 W. OLIVE STREET LAKELAND FL 33801			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete KOPEKY, DELLOS A	TITLE	Change Addition <input type="checkbox"/>
NAME	22942 LEAFWOOD CT	NAME	
STREET ADDRESS	LAND-O-LAKES, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete HENDRICK, GARY L.	TITLE	Change Addition <input type="checkbox"/>
NAME	1245 HAYMARKET DRIVE	NAME	
STREET ADDRESS	LAKELAND FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete SHAFFER, ALLEN G.	TITLE	Change Addition <input type="checkbox"/>
NAME	2703 ST. CLOUD OAKS DR	NAME	
STREET ADDRESS	VALRICO FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete SHAFFER, CELIA W.	TITLE	Change Addition <input type="checkbox"/>
NAME	2703 ST. CLOUD OAKS DR	NAME	
STREET ADDRESS	VALRICO FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Celia Shaffer* **Celia Shaffer** Date: **4-9-01** Daytime Phone #: **863-688-3540**

CFR2E034 (10/00)