

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90121 023 ***150.00

DOCUMENT # 139390

1. Entity Name

HAMITER DISTRIBUTING COMPANY, INC.

Principal Place of Business

Mailing Address

101 E. KENNEDY BLVD., #2550
 BOX 1868
 TAMPA FL 33601

101 E. KENNEDY BLVD., #2550
 PO BOX 1868
 TAMPA FL 33601-1868



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0280417

Applied For

Not Applicable

Zip

Country

Zip

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

FLAWS, MAGNUS JR CPA
101 E. KENNEDY BLVD.
BARNETT PLAZA, SUITE 2550
TAMPA FL 33602

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

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: Delete
 NAME: **SD FLAWS, LAWRENCE R.**
 STREET ADDRESS: **101 E KENNEDY BLVD, STE 2550**
 CITY-ST-ZIP: **TAMPA FL**

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

TITLE: Delete
 NAME: **VD HAMITER, LENA**
 STREET ADDRESS: **101 E. KENNEDY BLVD.**
 CITY-ST-ZIP: **TAMPA FL**

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

TITLE: Delete
 NAME: **PTD FLAWS, MAGNUS (JR.)**
 STREET ADDRESS: **101 E. KENNEDY BLVD.**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change Addition
 NAME:
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 CITY-ST-ZIP:

TITLE: Delete
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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: *Magnus Flaws Jr* **MAGNUS FLAWS, JR.** 4/18/01 813-223-2711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)