

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030056

1. Entity Name
UNITED SALES DISTRIBUTORS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90071 019 ***158.75

Principal Place of Business

Mailing Address

6827 DARBY CT.
NAPLES FL 34104

6827 DARBY CT.
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

4376 CORPORATE SQUARE BLVD. 4376 CORPORATE SQUARE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 3

UNIT # 3

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34104

USA

34104

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3634323

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIGEL, SHEILA G
6827 DARBY CT.
NAPLES FL 34104

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT AND DIRECTOR
SHEILA G. WEIGEL
6827 DARBY COURT
NAPLES, FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
DONALD ROBINSON
132 CAPE HAZE WAY
NAPLES, FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MIL ORED ROBINSON
132 CAPE HAZE WAY
NAPLES, FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: X *SHEILA G. WEIGEL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, PRESIDENT

Date

Daytime Phone #

941-430-1844

CR2E034 (10/00)