

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90009 048 \*\*\*550.00

**DOCUMENT # P97000100676**

1. Entity Name:  
**CARNEGIE DISTRIBUTING, INC.**

Principal Place of Business: **10760 TAMARISK TRAIL BOYNTON BEACH FL 33436**  
 Mailing Address: **10760 TAMARISK TRAIL BOYNTON BEACH FL 33436**

U U I I U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **10760 TAMARISK TRAIL**  
 Suite, Apt. #, etc.:  
 City & State: **Boynton Beach**

3. Mailing Address:  
 Suite, Apt. #, etc.: **Three**  
 City & State:

4. FEI Number: **34-6523675**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent:  
**WELLS, JAMES**  
**50 SE 4TH AVE**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent:  
 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: **JOSEPH J SUSSEN JR** (Signature, typed or printed name of registered agent and title if applicable.)  
 DATE: **6/1/01** (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!** After MAY 1, 2001 **FEE IS \$150.00** Fee will be **\$550.00** to Department of State. **Make Check Payable**

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUSSEN, JOSEPH J	
STREET ADDRESS	C/O 10760 TAMARISK TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIBLE, DONNA S	
STREET ADDRESS	C/O 10760 TAMARISK TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUSSEN, MARY B	
STREET ADDRESS	C/O 10760 TAMARISK TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: **JOSEPH J SUSSEN** (Signature and typed or printed name of signing officer or director)  
 DATE: **6/1/01**  
 DAYTIME PHONE #: **561-734-8293**

CR2E034 (10/00)