

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90012 050 \*\*\*150.00

**DOCUMENT # P99000020567**

1. Entity Name  
**MT. DORA DISTRIBUTING, INC.**

Principal Place of Business <b>2105 DOGWOOD CIRCLE          MT. DORA FL 32757</b>	Mailing Address <b>2105 DOGWOOD CIRCLE          MT. DORA FL 32757</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-3566094</b>	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country		

6. Name and Address of Current Registered Agent <b>MONTEITH, DAVID W          2105 DOGWOOD CIRCLE          MT. DORA FL 32757</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTEITH, DAVID W</b>	NAME	
STREET ADDRESS	<b>2105 DOGWOOD CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTEITH, JOANNE</b>	NAME	
STREET ADDRESS	<b>2105 DOGWOOD CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *J. Monteith* - JOANNE MONTEITH Date: 4/13/01 Daytime Phone #: 352-406-2222

CR2E034 (10/00)