

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90004 040 ***550.00

DOCUMENT # 139390

1. Entity Name
HAMITER DISTRIBUTING COMPANY, INC.

Principal Place of Business

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

Mailing Address

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

A0074761

2. Principal Place of Business

3242 HENDERSON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

301

City & State

TAMPA, FL 33609

City & State

Zip

33609

Country

HILLSBOROUGH

Zip

Country

4. FEI Number **59-0280417**

Applied For

Not Applicable

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)

3242 HENDERSON BLVD.

SUITE 301

City **TAMPA**

FL

Zip Code

33609

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

TITLE ☐ Change ☐ Addition
 NAME **3242 HENDERSON BLVD, STE 301**
 STREET ADDRESS **TAMPA FL 33609**
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 NAME **3242 HENDERSON BLVD., STE 301**
 STREET ADDRESS **TAMPA FL 33609**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ 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 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. Pres. MAGNUS FLAWS, JR 6/22/01 813-875-1040**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)