FILED Mar 10, 2003 8:00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IIFORM BUŞIN	ESS	REPOR'	T (UBi	₹)	Mar 10, 20	JU3 8:	uu an
DOCUMENT # 437528 1. Entity Name						Secretary of State 03-10-2003 90183 002 ***150.00		
D. M. R. DISTRIBUTORS, INC.						03-10-2003 9018	33 002 ***15	50.00
Principal Place of Business 3500 SR 520 WEST COCOA FL 32926		350	Mailing Address 3500 SR 520 WEST COCOA FL 32926				Clan Bidii didin dir	() 1 17 1 71 1 1012 3 02 1
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		Cit	City & State			4. FEI Number 59-1487097		Applied For Not Applicable
Zip	Country	Zip		Country		5. Certificate of Status Desired	\$8.75 A Fee Requi	
	6. Name and Address of Currer	t Register	red Agent	- I	- .	7. Name and Address of New Registe	ered Agent	
VAD HONANAL VADILALANG AG				Name				
WUISMAN, WILLIAM M 1801 OAK DR N				Street	Street Address (P.O. Box Number is Not Acceptable)			
ROCKLEDGE FL 32955								
				City			FL Zip Co	
8. The above	named entity submits this statement	for the pur	pose of changing its re	egistered office	or registere	ed agent, or both, in the State of Florida.	I am familiar with	n, and accept
the obliga	tions of registered agent.							
SIGNATURE								
ب س	Signature, typed or printed righte of registered ager	t and title if ap	oplicable. (NOTE:	Registered Agent sign	ature required	when reinstating)	ATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.	·	00 May Be ed to Fees
10.	OFFICERS AND		DRS	11.		ADDITIONS (CHANCES TO OFFICERS	AND DIDECTO	DO 331.44
TITLE	P	Billeone	☐ Delete	TITLE	T	ADDITIONS/CHANGES TO OFFICERS	Change	
NAME	WUISMAN, WILLIAM M		Delete	NAME				☐ Addition
STREET ADDRESS	1801 OAK DR N			STREET ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL			CITY-ST-ZIP				
TITLE	D /		☐ Delete	TITLE			☐ Change	☐ Addition
NAME :	WUISMAN, MARTIN			NAME				
STREET ADDRESS CITY-ST-ZIP	1805 OAK DR N RICKLEDGE FL			STREET ADDRESS				
	D	-		-CITY-ST-ZIP	- 		<u> </u>	
TITLE NAME	WUISMAN,, DINA R		Delete	TITLE		- -	· 🗌 Change	Addition
STREET ADDRESS	1801 OAK DR N.		,	STREET ADORESS				ļ
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP	i			
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME	•			NAME			_ •	_
STREET ADDRESS	•			STREET ADDRESS		•		:
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP	4			
TITLE NAME			☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS				NAME Street Address				
CITY-ST-ZIP				CITY-ST-ZIP	1			

12. 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 trivially empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adulties, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

37 all 32/

Change

☐ Addition

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR 437528 **DOCUMENT #** 1. Entity Name D. M. R. DISTRIBUTORS, INC. 80051299 Principal Place of Business Maifing Address 3500 SR 520 WEST 3500 SR 520 WEST COCOA FL 32926 **COCOA FL 32926** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1487097 Applied For Not Applicable Zin Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent_ Name WUISMAN, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 1801 OAK DR N ROCKLEDGE FL 32955 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW IP FEE IS \$150.00 After May 1, 2003. Fee will be \$550.00.

Make Check Payable to Fforida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change WUISMAN, WILLIAM M Addition NAME STREET ADDRESS 1801 OAK DR N STREET ADDRESS CITY-ST-71P ROCKLEDGE FL CITY-ST-ZIP ☐ Delete TITLE Addition Change WUISMAN, MARTIN NAME STREET ADDRESS 1805 OAK DR N STREET ADDRESS CITY-ST-ZIP RICKLEDGE FL CITY-ST-ZIP Delete ---TITLE Change Addition Wuisman,, dina r NAME 1801 OAK DR N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP