

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90183 002 ***150.00

DOCUMENT # 437528

1. Entity Name
D. M. R. DISTRIBUTORS, INC.



Principal Place of Business
**3500 SR 520 WEST
COCOA FL 32926**

Mailing Address
**3500 SR 520 WEST
COCOA FL 32926**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1487097**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WUISMAN, WILLIAM M
1801 OAK DR N
ROCKLEDGE FL 32955**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	WUISMAN, WILLIAM M	1801 OAK DR N	ROCKLEDGE FL				
D	WUISMAN, MARTIN	1805 OAK DR N	RICKLEDGE FL				
D	WUISMAN, DINA R	1801 OAK DR N	ROCKLEDGE FL 32955				

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

Attachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 437528

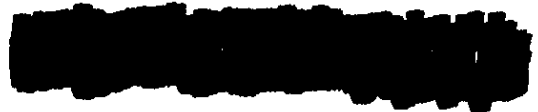
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D. M. R. DISTRIBUTORS, INC.



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3500 SR 520 WEST
COCOA FL 32926

Mailing Address
3500 SR 520 WEST
COCOA FL 32926

80051299



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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☐ CHECK HERE IF MAKING CHANGES

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	WUISMAN, WILLIAM M	1801 OAK DR N	ROCKLEDGE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WUISMAN, MARTIN	1805 OAK DR N	RICKLEDGE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WUISMAN, DINA R	1801 OAK DR N	ROCKLEDGE FL 32955	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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