## **2000 UNIFORM BUSINESS REPORT (UBR)**

13. I hereby certify that the information indicated on this report or supplier of the corporation or the receiver or changed, or on an attackinent with

SIGNATURE:

## **FILED DOCUMENT # 532223** May 09, 2000 8:00 am **Secretary of State** C & L DISTRIBUTING COMPANY 05-09-2000 90103 044 \*\*\*150.00 Principal Place of Business Mailing Address 2420 WEST DELANO ST. 2420 WEST DELANO ST. PENSACOLA FL 32505-5112 PENSACOLA FL 32505-5112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1740609 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELK, CHARLES F. Street Address (P.O. Box Number is Not Acceptable) 2420 WEST DELANO ST. PENSACOLA FL 32505 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE NAMÉ NAME WELK, CHARLES F. STREET ADDRESS STREET ADDRESS 2420 W. DELANO ST. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL FL 32505 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME WELK, ANNA A NAME STREET ADDRESS STREET ADDRESS 2420 WEST DELANO ST. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete TITLE ☐ Change ☐ Addition TITI E NAME WELK, LINDA G. NAME STREET ADDRESS 2420 WEST DELANO ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WELK, ROBIN STREET ADDRESS STREET ADDRESS 2420 WEST DELANO ST. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP

Applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information extal 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 trusted empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR