

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90108 014 ***150.00

0530469

DOCUMENT # 684131

1. Entity Name

DENNIS DISTRIBUTIONS, INC.

Principal Place of Business

807 US 27 N
 DUNDEE FL 33838
 US

Mailing Address

807 US 27-N
 DUNDEE FL 33838
 US

2. Principal Place of Business

265 Ring Power Road

Suite, Apt. #, etc.

3. Mailing Address

265 Ring Power Road

Suite, Apt. #, etc.

City & State

Perry, FL

City & State

Perry, FL

Zip

32348

Country

US

Zip

32348

Country

US

4. FEI Number

36-3081384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLER, PATRICIA S.

807 US 27 N

DUNDEE FL 33838

265 RING POWER RD

PERRY, FL 32348

7. Name and Address of New Registered Agent

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.

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

TITLE **D** ☐ Delete
 NAME **KELLER, PATRICIA S**
 STREET ADDRESS **DELL LAKE VILLAGE LOT 11**
 CITY-ST-ZIP **DUNDEE FL 32348**

TITLE **VS** ☐ Delete
 NAME **KELLER, PATRICIA S**
 STREET ADDRESS **DELL LAKE VILLAGE LOT**
 CITY-ST-ZIP **DUNDEE FL 32348**

TITLE **PT** ☐ Delete
 NAME **DENNIS, TIMOTHY A**
 STREET ADDRESS **2240 LAKE DAISY RD**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 information empowered.

SIGNATURE: **PATRICIA S KELLER**
Patricia S Keller **US**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

A0046537



DO NOT WRITE IN THIS SPACE

4.08.01 **850-223-3213**