

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90239 003 ***550.00

DOCUMENT # 841943

1. Entity Name

DISTRIBUTION SERVICES, INC.

Principal Place of Business

**600 EAST COAST AVENUE
 LANTANA FL 33464**

Mailing Address

**600 EAST COAST AVENUE
 LANTANA FL 33464**

2. Principal Place of Business

**Brandywine Centre 1
 Suite, Apt. #, etc.
 580 Village Blvd, Suite 110**

3. Mailing Address

**5401 NW Broken Sound Blvd
 Suite, Apt. #, etc.**

City & State

W. Palm Beach F

City & State

Boca Raton, FL 33487

Zip

33409

Country

W Palm Beach

Zip

33487

Country

Palm Beach

4. FEI Number

59-1641185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
 417 E. VIRGINIA ST.
 SUITE 1
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

**CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Road
 City Plantation FL Zip Code 33324**

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 **Barbara A Burke**

**BABARA A. BURKE
 SPECIAL ASSISTANT SECRETARY**

7-26-01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **ROSCOE, MICHAEL**
 STREET ADDRESS **600 E. COAST AVENUE**
 CITY-ST-ZIP **LANTANA FL**

TITLE **VP** ☐ Delete
 NAME **MILEY, JOHN A**
 STREET ADDRESS **600 E. COAST AVENUE**
 CITY-ST-ZIP **LANTANA FL 33464**

TITLE **VPS** ☒ Delete
 NAME **PRICE, SCOTT**
 STREET ADDRESS **600 E. COAST AVENUE**
 CITY-ST-ZIP **LANTANA FL 33464**

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 **Chairman** ☒ Change ☐ Addition
 NAME **Roscoe, Michael**
 STREET ADDRESS **5401 NW Broken Sound Blvd**
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Miley, John A.**
 STREET ADDRESS **5401 NW Broken Sound Blvd**
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **CEO & PRESIDENT** ☐ Change ☒ Addition
 NAME **PARCHE, MICHAEL**
 STREET ADDRESS **5401 NW BROKEN SOUND BLVD**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-01

Date

561 998-7417

Daytime Phone #

CR2E034 (5/01)