## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State DOCUMENT # F00000002809 **CVEC DISTRIBUTING INC.** 94-13-2001 90073 001 \*\*\*150.00 CVEC INCORPORATED Principal Place of Business Mailing Address 39945 EAST RIVER COURT 39945 EAST RIVER COURT CLINTON TOWNSHIP MI 48038 **CLINTON TOWNSHIP MI 48038** 2. Principal Place of Business 3. Mailing Address 380-E NORTH WICKHAM KOAD 1380-E NORTH WICKHAM ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3509209 MELBOURNE MELBOURNE Not Applicable Country, Zip Country \$8.75 Additional \_ \_ 32935 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNWELL, GARY R Street Address (P.O. Box Number is Not Acceptable) 380-E WICKHAM ROAD NORTH MELBOURNE FL 32935 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Delete TITLE Change 1 TITLE CORNWELL, GARY R. CORNWELL, GARY R 380-E NORTH WICKHAM ROAD NAME NAME 39945 EAST RIVER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE. CITY-ST-ZIE **CLINTON TOWNSHIP MI 48038** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this liling 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 of trustee employered 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.

CITY-ST-ZIP

SIGNATURE: &

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-10-01
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