

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90074 028 \*\*\*150.00

0579541

**DOCUMENT # F99000003755**

1. Entity Name

**BUNZL DISTRIBUTION SOUTHEAST, INC.**

Principal Place of Business

Mailing Address

**825 MAXHAM ROAD, STE. 400  
 LITHIA SPRINGS GA 30122**

**825 MAXHAM ROAD, STE. 400  
 LITHIA SPRINGS GA 30122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1579051**

Applied For  
 Not Applicable

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SNELLINGS, RICK B	
STREET ADDRESS	701 EMERSON AVE., SUITE 500	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	EV	<input type="checkbox"/> Delete
NAME	EMGE, TOM	
STREET ADDRESS	825 MAXHAM ROAD STE 400	
CITY-ST-ZIP	LITHIA SPRINGS GA 30122	
TITLE	S	<input type="checkbox"/> Delete
NAME	LETT, DANIEL J	
STREET ADDRESS	701 EMERSON AVE., SUITE 500	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	V	<input type="checkbox"/> Delete
NAME	EARNHART, JEFFREY A	
STREET ADDRESS	701 EMERSON AVE., SUITE 500	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	T	<input type="checkbox"/> Delete
NAME	LARMON, PATRICK	
STREET ADDRESS	701 EMERSON AVE., SUITE 500	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	AT	<input type="checkbox"/> Delete
NAME	STOWERS, WILLIAM	
STREET ADDRESS	825 MAXHAM ROAD, STE. 400	
CITY-ST-ZIP	LITHIA SPRINGS GA 30122	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William Stowers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01  
 Date

770-745-6445  
 Daytime Phone #

CR2E034 (10/00)