

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000006329**

1. Entity Name

J & J CUDA DISTRIBUTORS, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90423 045 ***150.00

Principal Place of Business

**3118 LORI LAKE ROAD
BENTON AR 72015**

Mailing Address

**3118 LORI LAKE ROAD
BENTON AR 72015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **71-0831634**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, JIM
5356 GROVE VALLEY ROAD
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ DeleteNAME **MITCHELL, JIM**
STREET ADDRESS **5356 GROVE VALLEY ROAD**
CITY- ST- ZIP **TALLAHASSEE FL 32303**TITLE **V** ☐ DeleteNAME **MITCHELL, JEAN**
STREET ADDRESS **3118 LORI LAKE ROAD**
CITY- ST- ZIP **BENTON AR 72015**TITLE ☐ DeleteNAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY- ST- ZIP ☐ DeleteTITLE ☐ DeleteNAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY- ST- ZIP ☐ DeleteTITLE ☐ DeleteNAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY- ST- ZIP ☐ DeleteTITLE ☐ DeleteNAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY- ST- ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY- ST- ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY- ST- ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY- ST- ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY- ST- ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MITCHELL**4-23-01**

Date

301-658-2832

Daytime Phone

CR2E034 (10/00)