

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H82565

1. Entity Name

DKF DISTRIBUTORS, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90055 016 \*\*\*150.00

Principal Place of Business

Mailing Address

% KATHLEEN STEWART FREY  
108 ROCKINGHAM CT  
LONGWOOD FL 32779  
US

% KATHLEEN STEWART FREY  
P O BOX 915721  
LONGWOOD FL 32791-5721  
US

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

59-2611269

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

FREY, KATHLEEN STEWART  
108 ROCKINGHAM CT  
LONGWOOD FL 32779

Name

FREY, DAVID KENNETH

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

108 ROCKINGHAM CT.

City

LONGWOOD

FL

Zip Code

32779

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

DAVID KENNETH FREY

David Kenneth Frey

4/19/00

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, 2000 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

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD

TITLE

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12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD

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CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☒ Addition

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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:

DAVID KENNETH FREY

Date

Daytime Phone #

CR2E034 (9/99)