

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91207 006 ***150.00

DOCUMENT # H98882

1. Entity Name
D & L WHOLESALE, INC.

Principal Place of Business Mailing Address
441 SKYWAY DR. 441 SKYWAY DR.
UNIT 2 UNIT 2
EDGEWATER FL 32132 EDGEWATER FL 32132
US US



2. Principal Place of Business 3. Mailing Address
864 OLD MISSION Rd 864 OLD MISSION Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **59-2708363** Applied For
NEW SMYRNA BEACH FL NEW SMYRNA BEACH FLA Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
32168 VOLUSIA 32168 VOLUSIA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ROCKHILL, DONALD I. Name
441 SKYWAY DR Street Address (P.O. Box Number is Not Acceptable)
UNIT 2 864 OLD MISSION Rd
EDGEWATER FL 32132 City New SMYRNA Bch FL Zip Code 32168

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 **Donald I Rockhill** *Donald I Rockhill* **4/28/02**
 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, 2002 - 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	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHILL, DONALD	NAME	ROCKHILL, DONALD
STREET ADDRESS	441 SKYWAY DR, UNIT 2	STREET ADDRESS	864 OLD MISSION RD
CITY-ST-ZIP	EDGEWATER FL 32132	CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHILL, DONALD	NAME	ROCKHILL KRIS
STREET ADDRESS	441 SKYWAY DR, UNIT 2	STREET ADDRESS	864 OLD MISSION RD
CITY-ST-ZIP	EDGEWATER FL 32132	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Donald I Rockhill* **Donald I Rockhill** **4/28/02** **386-409-7777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)