

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

**441 SKYWAY DR.
 UNIT 2
 EDGEWATER FL 32132
 US**

Mailing Address

**441 SKYWAY DR.
 UNIT 2
 EDGEWATER FL 32132
 US**

2. Principal Place of Business

**864 OLD MISSION Rd
 Suite, Apt. #, etc.**

3. Mailing Address

**864 OLD MISSION Rd
 Suite, Apt. #, etc.**

City & State

NEW SMYRNA BEACH FL

City & State

NEW SMYRNA BEACH FLA

Zip

32168

Country

VOLUSIA

Zip

32168

Country

VOLUSIA

4. FEI Number

59-2708363

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROCKHILL, DONALD I.
 441 SKYWAY DR
 UNIT 2
 EDGEWATER FL 32132**

7. Name and Address of New Registered Agent

Name

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

864 OLD MISSION Rd

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**
 Signature, typed or printed name of registered agent and title if applicable.

Donald I Rockhill

(NOTE: Registered Agent signature required when reinstating)

4/28/02
 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROCKHILL, DONALD	
STREET ADDRESS	441 SKYWAY DR, UNIT 2	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROCKHILL, DONALD	
STREET ADDRESS	441 SKYWAY DR, UNIT 2	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHILL, DONALD	
STREET ADDRESS	864 OLD MISSION Rd	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHILL KRIS	
STREET ADDRESS	864 OLD MISSION Rd	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
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		
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)