

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90186 030 ***150.00

DOCUMENT # K71669

1. Entity Name
D & M DISTRIBUTING CORPORATION OF SARASOTA

Principal Place of Business 3000 ROSE STREET SARASOTA FL 34239 60 Michael Traver	Mailing Address 3000 ROSE STREET SARASOTA FL 34239 60 Michael Traver
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5685 Forester Lake Dr Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2897 Suite, Apt. #, etc.
---	---

City & State Sarasota FL	City & State Sarasota FL	4. FEI Number 59-2935784	Applied For <input type="checkbox"/> Not Applicable
Zip 34243	Country USA	Zip 34230	Country USA

6. Name and Address of Current Registered Agent TRAYER, DONALD K. 3000 ROSE STREET SARASOTA FL 34239	7. Name and Address of New Registered Agent Name Michael Traver Street Address (P.O. Box Number is Not Acceptable) 5685 Forester Lake Dr City Sarasota FL Zip Code 34243
--	--

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: **Michael Traver** DATE: **4-8-02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P TRAYER, DONALD K. 3000 ROSE STREET SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRAYER, MICHAEL J. 2923 MARSHALL DR. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P19 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAYER, LYNN 2923 MARSHALL DR. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100-5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAYER, DONNA LOU 3000 ROSE STREET SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5685 Forester Lake Dr Sarasota, FL 34243 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Michael Traver** Date: **4-8-02** Daytime Phone #: **841-685-0950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)