

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001401

1. Entity Name

PAUL REVERE DISTRIBUTION GROUP, LLC

Principal Place of Business

Mailing Address

241 Newhaven Blvd.
Jupiter, FL 33458

241 Newhaven Blvd.
Jupiter, FL 33458

FILED

01 JUN 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

144 HOPE ST
Suite, Apt. #, etc.

144 HOPE ST
Suite, Apt. #, etc.

SUITE 1050

SUITE 1050

City & State

City & State

LONGWOOD, FL

LONGWOOD, FL

Zip

Country

Zip

Country

32750

USA

32750

USA

4. FEI Number

65-1087204

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L Corp.
The Greeleaf Bldg.
200 Laura St., 3rd Floor
Jacksonville, FL 32940

Name

DAVID J. HARDY

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

1268 NW 91 AVE

City

CORAL SPRINGS

FL

Zip Code

32750

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

DAVID HARDY VP. OPERATIONS

6/12/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOB SCHEWA
PRESIDENT / CEO
241 NEW HAVEN BLVD
JUPITER, FL 33458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. SALES
DEREK SCHEWA
373 LAKE DAWSON CL.
LAKE MARY FL 32746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004446717--6
-06/27/01--01006--009
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. OPERATIONS
DAVID HARDY
1268 NW 91 AVE
CORAL SPRINGS, FL 33061

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/12/01

(407) 767-1272

Date

Daytime Phone #

CR2E083 (11/00)