

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90011 014 ****55.00

DOCUMENT # L01000001401

1. Entity Name

PAUL REVERE DISTRIBUTION GROUP, LLC

Principal Place of Business

**144 HOPE STREET, STE. 1050
LONGWOOD FL 32750**

Mailing Address

**144 HOPE STREET, STE. 1050
LONGWOOD FL 32750**

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 **65-1087204**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVID J. HARDY
1268 N.W. 91ST AVE.
CORAL SPRINGS FL 32750**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **PCEO** ☐ Delete
NAME **SCHEMA, BOB**
STREET ADDRESS **241 NEW HAVEN BLVD**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **V.P.** ☐ Delete
NAME **SCHEMA, DEREK**
STREET ADDRESS **373 ALKE DAWSON**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **VP** ☐ Delete
NAME **HARDY, DAVID**
STREET ADDRESS **1268 N.W. 91ST AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33061**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **V.P.** ☐ Change ☒ Addition
NAME **CHARLES PATZKE**
STREET ADDRESS **3022 CHAMBERLAIN ST**
CITY-ST-ZIP **DELTONA, FL 32738**

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

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

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

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 REQUIRED

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

Date

Daytime Phone #

1/4/02

407 767-1272

CR2E0031(9/01)