2.

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-05-2002 90114 032 ****50.00

[redacted]

- 18690

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000005705

1. Entity Name
FLORIDA INDEPENDENT NIKKEN DISTRIBUTORS, L.C.

Principal Place of Business	Mailing Address
3601 OLD 9 FOOT ROAD WINTER HAVEN FL 33880	3601 OLD 9 FOOT ROAD WINTER HAVEN FL 33880

2. Principal Place of Business	3. Mailing Address
3601 State Road 540	3601 State Rd 540
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, Fl.	City & State: Winter Haven, Fl.
Zip: 33880 Country: USA	Zip: 33880 Country: USA

4. FEI Number: 59-3712294 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRISTON MURPHY, DAWN MICHELLE 4937 GRAND BLVD. LAKELAND FL	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		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BURKE, MARTHA ROE	NAME	
STREET ADDRESS	~~3601 OLD 9 FOOT ROAD~~	STREET ADDRESS	3601 State Road 540
CITY-ST-ZIP	WINTER HAVEN FL 33880	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHARRA, JUNE	NAME	
STREET ADDRESS	1111 NORTH BAYSHORE BLVD., D-6	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUETTER, RONALD	NAME	
STREET ADDRESS	6207 ELM SQUARE WEST	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALTER, BONNIE	NAME	
STREET ADDRESS	PO BOX 904	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEYLING, KIMBERLY	NAME	
STREET ADDRESS	4870 SOUTHWIND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAILLY, MELINDA	NAME	
STREET ADDRESS	75 RYANN NICOLE COURT	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	CITY-ST-ZIP	

CR2E083 (9/01)

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 ENCLOSED Jan 15, 2002 863-401-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #