2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-05-2002 90114 032 ****50.00

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

[redacted] - 1869.0

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BURKE, MARTHA ROE ~~3601 OLD 9 FOOT ROAD~~ WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3601 State Road 540	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHARRA, JUNE 1111 NORTH BAYSHORE BLVD., D-6 CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUETTER, RONALD 6207 ELM SQUARE WEST LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALTER, BONNIE PO BOX 904 WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MEYLING, KIMBERLY 4870 SOUTHWIND DRIVE MULBERRY FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MAILLY, MELINDA 75 RYANN NICOLE COURT WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED Jan 15, 2002 863-401-3304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #