

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000005705

FILED
Jan 14, 2003
Secretary of State

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

Current Principal Place of Business:

3601 STATE ROAD 540
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

3601 STATE ROAD 540
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-3712294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRISTON MURPHY, DAWN MICHELLE
4937 GRAND BLVD.
LAKELAND, FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BURKE, MARTHA ROE
Address: 3601 STATE ROAD 540
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR () Delete
Name: SCHARRA, JUNE
Address: 1111 NORTH BAYSHORE BLVD., D-6
City-St-Zip: CLEARWATER, FL 33759

Title: MGR () Delete
Name: GUETTER, RONALD
Address: 6207 ELM SQUARE WEST
City-St-Zip: LAKELAND, FL 33813

Title: MGR () Delete
Name: WALTER, BONNIE
Address: PO BOX 904
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR () Delete
Name: MEYLING, KIMBERLY
Address: 4870 SOUTHWIND DRIVE
City-St-Zip: MULBERRY, FL 33860

Title: MGR () Delete
Name: MAILLY, MELINDA
Address: 75 RYANN NICOLE COURT
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAWN MICHELLE KRISTON MURPHY

RA

01/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date