

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90033 011 ****50.00

DOCUMENT # L01000017742

1. Entity Name

CONTINENTAL DISTRIBUTION, LLC

Principal Place of Business

**512 WEST MONTGOMERY
 LAKE CITY FL 32025**

Mailing Address

**512 WEST MONTGOMERY
 LAKE CITY FL 32025**

2. Principal Place of Business

7008 NW Lake City Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1566

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32025

Country

USA

Zip

32056-1566

Country

USA

4. FEI Number

31-1804807

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BREWER, SAMUEL FORD
 512 WEST MONTGOMERY
 LAKE CITY FL 32025**

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 NAME ☐ Delete
MGRM Fred A. Edwards
 STREET ADDRESS **8455 Pennyville Road**
 CITY-ST-ZIP **Danville, Ky 40522**

TITLE NAME ☐ Delete
MGRM Carl B. White
 STREET ADDRESS **4840 Waterside Drive**
 CITY-ST-ZIP **Lexington, Ky 40508**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 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: Fred A. Edwards

1-8-2002

396-752-6777

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

Date

Daytime Phone #

CR2E083 (9/01)