

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008604

1. Entity Name  
DOWN TO EARTH DISTRIBUTION, LLC

FILED

01 MAR 26 AM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2300 PALM BEACH LAKE BLVD - SUITE 207-B  
WEST PALM BEACH FL 33409

Mailing Address  
2300 PALM BEACH LAKE BLVD - SUITE 207-B  
WEST PALM BEACH FL 33409

2. Principal Place of Business  
1100 Barnett Drive  
Suite, Apt. #, etc.  
#35  
City & State  
Lake Worth, FL  
Zip  
Country  
USA

3. Mailing Address  
1100 Barnett Drive  
Suite, Apt. #, etc.  
#35  
City & State  
Lake Worth, FL  
Zip  
Country  
USA

4. FEI Number 65-0967053  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JEROME, ALBERT  
2300 PALM BEACH LAKE BLVD - SUITE 207-B  
WEST PALM BEACH FL 33409

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JEROME, AL  
2300 P.B. LKS BLVD. STE. 207B  
WEST APLM BEACH FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
John Yeend  
1109 South Congress Avenue  
West Palm Beach, FL 33406 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Jerome, Al  
1100 Barnett Drive #35  
Lake Worth, FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Lea Brittain  
1109 South Congress Avenue  
West Palm Beach, FL 33406 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
-04/04/01--01081ange-050  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

Date Daytime Phone #

3-6-01 561-547-1222

CR2E083 (11/00)