

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90149 012 ***150.00

DOCUMENT # P00000007749

1. Entity Name
WHOLESALE SOUTH DISTRIBUTING, INC.



Principal Place of Business
**6700 HWY. 27 N.
DAVENPORT FL 33837**

Mailing Address
**P.O. BOX 105035
ATTN: TAX DEPT.
ATLANTA GA 30348-5035**



2. Principal Place of Business
2324 WAVERLY BARN RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVENPORT, FL

City & State

4. FEI Number **59-3630535**

Applied For

Not Applicable

Zip
33897

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAS BOLCH, JR., CARL 6700 HWY 27 N. DAVENPORT FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAS BOLCH, JR., CARL 2324 Waverly Barn Rd. DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO D BOLCH, JR., CARL 6700 HWY. 27 DAVENPORT FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO D BOLCH, JR., CARL 2324 Waverly Barn Rd. DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD LENKER, MAX 6700 HWY. 27 DAVENPORT FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD max Lenker 2324 Waverly Barn Rd. DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLCH, SUSAN BASS 6700 HWY. 27 DAVENPORT FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLCH, SUSAN BASS 2324 Waverly Barn Rd. DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT DUMBACHER, ROBERT J 6700 HWY. 27 DAVENPORT FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOTAS DUMBACHER, ROBERT J 2324 Waverly Barn Rd. DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CZAJA, CLAUDE P 6700 HWY. 27 DAVENPORT FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CZAJA, CLAUDE P 2324 Waverly Barn Rd. DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

(770) 431-7600 X1188

Daytime Phone #

CR2E034 (10/02)