

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90005 040 ***150.00

DOCUMENT # P00000020558**1. Entity Name**

COYOTE DISTRIBUTING, Inc.

Principal Place of Business**Mailing Address****2. Principal Place of Business**

1816 N. Dixie Highway

3. Mailing Address

1816 N. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o William E. Staubs

c/o William E. Staubs

City & State**City & State**

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip**Zip**

33305

33305

Country**Country**

Broward

Broward

4. FEI Number

65-0999966

Applied For☐ Not Applicable**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****Name**

STAUBS, WILLIAM E.

Street Address (P.O. Box Number is Not Acceptable)

2101 middle River Drive

City

Fort Lauderdale

FL**Zip Code**

33305

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**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☒ Addition
NAME PST
STAUBS, WILLIAM E.
STREET ADDRESS 2101 middle River Drive
CITY - ST - ZIP Fort Lauderdale, FL 33305**TITLE** ☐ Delete
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CITY - ST - ZIP**13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

800-842-6817

Date

Daytime Phone #

CR2E034 (11/00)