

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90966 010 ***150.00

0013239

DOCUMENT # P00000040715

1. Entity Name

DJK DISTRIBUTORS, INC.

Principal Place of Business

**1220 TANGELO TERR. UNIT #16
 DELRAY BEACH FL 33444**

Mailing Address

**1220 TANGELO TERR. UNIT #16
 DELRAY BEACH FL 33444**

040001

2. Principal Place of Business

9650 NW 52 Place

3. Mailing Address

9650 NW 52nd Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs Florida.

City & State

Coral Springs Fl.

4. FEI Number

65-1012593

Applied For

Not Applicable

Zip

33076

Country

U.S.

Zip

33076

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWILLING, GARY
 1220 TANGELO TERR, UNIT #16
 DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

GARY Swilling

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

9650 NW 52nd Place

City

Coral Springs

FL

Zip Code

33076

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

TITLE **D** ☐ Delete
 NAME **SWILLING, GARY**
 STREET ADDRESS **1220 TANGELO TERR, UNIT #16**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2034 (10/00)