

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90125 050 ***150.00

C0071951

DO NOT WRITE IN THIS SPACE

DOCUMENT # P0000040895
1. Entity Name
 ACCELL WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1202 NE PINE ISLAND RD 1202 NE PINE ISLAND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N

N

City & State

City & State

CAPE CORAL, FL

CAPE CORAL, FL

Zip

Country

Zip

Country

33909

USA

33909

USA

4. FEI Number

Applied For

05-1017710

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

THOMAS E. BURCHETTA
 1202 NE PINE ISLAND RD. #N
 CAPE CORAL, FL. 33909

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS E. BURCHETTA 1202 NE PINE ISLAND RD. #N CAPE CORAL, FL. 33909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

6-8-01 941-574-6855

CR2E034 (11/00)

ACCELL WHOLESALE DISTRIBUTORS

1202 NE Pine Island Rd. #N

Cape Coral, Fl. 33909

June 8, 2001

Attachment Doc # P00000040895

C6071951

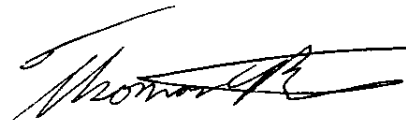
Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Fl. 32302-1500

Re: FEI # 65-1017710

Dear Sir/Madam,

Enclosed is my Annual Uniform Business Report for 2001 for ACCELL WHOLESALE DISTRIBUTORS, INC. FEI # 65-1017710. We are a new company & this is our first year filing this form. We are filing this form late because, at our present business location we have a multi lock box shared by several other tenants & have had chronic problems receiving our mail. Our mail would be dropped into the wrong lock box & many times some of the other tenants would just throw it away. In the past, we have expected mail & had not received it. A problem that has since been corrected. Therefore, we did not receive the Uniform Business Report. As soon as we realized that we were required to file this form, we called your office & requested a new form. I have just received it & am returning it to you filled out. Also enclosed is a check for \$150.00 file fee. We would appreciate it very much if you would consider waiving the late charge this time.

Sincerely,



Thomas E. Burchetta
Director