

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

06-20-2001 90125 050 \*\*\*150.00

DOCUMENT # **P0000040895**  
 1. Entity Name  
**ACCELL WHOLESAL E DISTRIBUTORS, INC.**

Principal Place of Business Mailing Address

**C0071951**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1202 NE PINE ISLAND RD** 3. Mailing Address **1202 NE PINE ISLAND RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# N** **# N**

City & State **CAPE CORAL, FL** City & State **CAPE CORAL, FL**

4. FEI Number **05-1017710** Applied For  
 Not Applicable

Zip **33909** Country **USA** Zip **33909** Country **USA**

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

6. Name and Address of Current Registered Agent  
**THOMAS E. BURCHETTA**  
**1202 NE PINE ISLAND RD. #N**  
**CAPE CORAL, FL. 33909**

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 \_\_\_\_\_

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	<b>DIRECTOR</b> <b>THOMAS E. BURCHETTA</b> <b>1202 NE PINE ISLAND RD. #N</b> <b>CAPE CORAL, FL. 33909</b>	<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"/> 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:  **6-8-01 941-574-6855**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

**ACCELL WHOLESALE DISTRIBUTORS**

1202 NE Pine Island Rd. #N

Cape Coral, Fl. 33909

June 8, 2001

Attachment Doc # P00000040895

C0071951

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