

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90330 021 ***150.00

DOCUMENT # P00000040895

1. Entity Name

ACCELL WHOLESAL E DISTRIBUTORS, INC.

Principal Place of Business

**1202 NE PINE ISLAND RD
 #N
 CAPE CORAL FL 33909**

Mailing Address

**1202 NE PINE ISLAND RD
 #N
 CAPE CORAL FL 33909**

2. Principal Place of Business

**1403 SE 11th St.
 Suite, Apt. #, etc.**

3. Mailing Address

**1403 SE 11th St.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, FLORIDA

Zip
33990

Country
USA

City & State
Cape Coral, FLORIDA

Zip
33990

Country
USA

4. FEI Number

65-1017710

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name

Thomas E. Burchetta

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

1403 SE 11th St.

City

Cape Coral

FL

Zip Code

33990

7. Name and Address of New Registered Agent

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

Thomas E. Burchetta Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02

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, 2002 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 Delete
 NAME **D BURCHETTA, THOMAS E**
 STREET ADDRESS **1202 NE PINE ISLAND RD #N**
 CITY-ST-ZIP **CAPE CORAL FL 33909**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 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:

Thomas E. Burchetta Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

941-334-4459

Daytime Phone #

CR2E034 (9/01)