## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P0000076983 1. Entity Name BOLD DISTRIBUTION, INC. 02-08-2001 90393 001 \*\*\*450.00 Principal Place of Business Mailing Address 1122 SE 12TH CT 1122 SE 12TH CT CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address 1126 SE 12th Ct. 1126 SE 12th Ct. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Cape Coral, City & State Cape Coral, Applied For 4. FEI Number FLFL65-1035378 Not Applicable Country USA Country USA \$8.75 Additional <sup>Zip</sup> 33990-3648 33990-3648 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name WINER, STEVEN I Street Address (P.O. Box Number is Not Acceptable) 12800 UNIVERSITY DR, STE 600 FT MYERS FL 33907 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ★ Addition ☐ Delete President TITLE TITLE NAME NAME John M. Bechdel, II STREET ADDRESS STREET ADDRESS 1117 Floridian Ct. CITY-ST-ZIP CITY-ST-ZIP Cape Coral, FL 33904-5931 ☐ Delete **■X**Addition TITLE Vice President NAME NAME Adam W. Bechdel STREET ADDRESS STREET ADDRESS 11350 Longwater Chase Ct. CITY-ST-7iP CITY-ST-ZIP Ft.\_M\_yers,\_FL\_\_33908 \_\_\_\_Change TITLE Delete TITLE" Secretary/Treasurer NAME NAME Curtis A. Bechdel STREET ADDRESS STREET ADDRESS 11350 Longwater Chase Ct. CITY-ST-ZIP CITY-ST-7IP Ft. Myers,FL 33908 ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition DITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of supplier ental people is the 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 reserved it trustes employed 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 accression all other like empowered.

SIGNATURE:

Curtis A. Bechdel, Sec/Treas 1/5/01

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941/574-5418

Daytime Phone #