2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State **BOCUMENT # P00000101882** ROLL BROTHERS DISTRIBUTING CO. 02-08-2001 90369 023 ***150.00 Principal Place of Business Mailing Address 7153 SOUTHERN BLVD. 7153 SOUTHERN BLVD. WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 110028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROLL, DAVID Street Address (P.O. Box Number is Not Acceptable) 7153 SOUTHERN BLVD. WEST-PALM-BEACH-FL-33413 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) nature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE 6 \$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 12. 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition TITLE ROLL, DAVID STREET ADDRESS STREET ADDRESS 7153 SOUTHERN BLVD. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME ROLL, MICHAEL NAME STREET ADDRESS STREET ADDRESS 7153 SOUTHERN BLVD. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:X AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 indite 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.