## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P01000012497 DOCUMENT # 1. Entity Name D & F SALES OF WEBSTER, INC. 05-08-2002 90056 011 \*\*\*150.00 Principal Place of Business Mailing Address 118 WEST ORANGE STREET 118 WEST ORANGE STREET DUUJAA41 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address HWY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For WEBSTER W*EBSTER* FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 X Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition KUHNEN, FRED H NAME NAME 118 WEST ORANGE STREET 2108 HWY 478 STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP WEBSTER FL 33597 CITY-ST-7IP TITLE □ Delete TITLE Change. ☐ Addition KUHNEN, WOODENE A NAME NAME STREET ADDRESS 118 WEST ORANGE STREET 2108 HWY 478 STREET ADDRESS CITY-ST-7IP -ALTAMONTE SPRINGS FL-32714-CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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: X