

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90818 022 ***150.00

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AV

DOCUMENT # P01000047020

1. Entity Name

CENCO DISTRIBUTING CORPORATION



Principal Place of Business
**365-A SARASOTA CENTER BLVD
SARASOTA FL 34236**

Mailing Address
**46 N WASHINGTON BLVD #1
SARASOTA FL 34236**



2. Principal Place of Business

1925 WHITFIELD PARK LOOP

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA, FLORIDA

City & State

4. FEI Number

65-1107938

Applied For

Not Applicable

Zip

34243

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, JOHN

46 N WASHINGTON BLVD #1

SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
DILLINGHAM, BRAD
365-A SARASOTA CENTER BLVD.
SARASOTA FL 34240**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1925 WHITFIELD PARK LOOP
SARASOTA, FLORIDA 34243**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ULRICH, ROBERT
1925 WHITFIELD PARK LOOP
SARASOTA, FLORIDA 34243**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/12/03

(941) 753-2520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAD DILLINGHAM, President

Date

Daytime Phone #

CR2E034 (10/02)