FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90039 040 ***150.00

DOCUMENT # P01000059273

1. Entity Name
RC DISTRIBUTION CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14309 EDWINOLA WAY	14309 EDWINOLA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DADE CITY, FLORIDA	City & State: DADE CITY, FLORIDA
Zip: 33523 Country: USA	Zip: 33523 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1113686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CRENSHAW, PATRICK

Street Address (P.O. Box Number is Not Acceptable): 57 N. BAY HARBOR DRIVE

City: KEY LARGO FL Zip Code: 33037

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 D NAME CRENSHAW, PATRICK STREET ADDRESS 57 N. BAY HARBOR DRIVE CITY-ST-ZIP KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, Florica Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/2002 954-818-1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #