

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000075156**

1. Entity Name  
**DISTRIBUTE-IT, INC.**

Principal Place of Business  
**475 FENTRESS BOULEVARD  
SUITE M  
DAYTONA BEACH FL 32114**

Mailing Address  
**475 FENTRESS BOULEVARD  
SUITE M  
DAYTONA BEACH FL 32114**

2. Principal Place of Business **475 FENTRESS BOULEVARD  
SUITE M  
DAYTONA BEACH FL 32114**

3. Mailing Address **475 FENTRESS BOULEVARD  
SUITE M  
DAYTONA BEACH FL 32114**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Zip** Country **Country**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90251 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3734704</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

## 6. Name and Address of Current Registered Agent

**MAUGERI, RON  
475 FENTRESS BOULEVARD  
SUITE M  
DAYTONA BEACH FL 32114**

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.

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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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 **MAUGERI, RON**  
STREET ADDRESS **475 FENTRESS BOULEVARD, SUITE M**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition

TITLE   
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STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE   
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CITY-ST-ZIP

Change  Addition

TITLE   
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CITY-ST-ZIP

Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition

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, 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: *Ron Maugeri* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

253-1112

Daytime Phone #

CR2E034 (9/01)