

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91337 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000086581**

1. Entity Name

Fort Knox Distribution, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3536 University Blvd N.

3. Mailing Address

Suite, Apt. #, etc.

Suite-160

City & State

Jacksonville, FL

Zip

32277

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Palmer, Pamela R CPA

Street Address (P.O. Box Number is Not Acceptable)

101 Century 21 Dr.

Suite 109 B

City

Jacksonville

FL

Zip Code

32216

**DO NOT WRITE
IN THIS SPACE**

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 changing)

DATE

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

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 **President**
NAME **Alex Szlegar**
STREET ADDRESS **2375 St. Johns Bluff Rd**
CITY-ST-ZIP **Suite-105**

TITLE **Jacksonville, FL, 32246**

TITLE **VICE PRESIDENT**
NAME **Robert Yoder**
STREET ADDRESS **2375 St. Johns Bluff Rd**
CITY-ST-ZIP **Suite-105**

TITLE **Jacksonville, FL, 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-30-02 904-642-4840

CR2E034B (12/01)