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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/14/2003-90350-014-$150.00-$150.00

000695 AV

DOCUMENT # P02000027438

1. Entity Name
DAVID PLAUCHE DISTRIBUTING, INC.

FILED
03 NOV 14 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5817 NORTH LAGOON DR. PANAMA CITY BEACH FL 32408	5817 NORTH LAGOON DR. PANAMA CITY BEACH FL 32408

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0645338 ☐ Applied For ☐ Not Applicable

6. 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
PLAUCHE, DAVID L 5817 NORTH LAGOON DR. PANAMA CITY BEACH FL 32408	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 [redacted] 7/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	D PLAUCHE, DAVID L 5817 NORTH LAGOON DR. PANAMA CITY BEACH FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLAUCHE, ALICE M 5817 NORTH LAGOON DR. PANAMA CITY BEACH FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLAUCHE, CHANTELLE P.O. BOX 9135 PANAMA CITY BEACH FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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 [signature] 7/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David Plauche` Distributing, Inc.
5817 North Lagoon Drive
Panama City Beach, FL 32408

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 12, 2003

RE: P02000027438 Uniform Business Report -- 2003

Dear Sir/Madam:

I am writing in response to your notice of dissolution for David Plauche` Distributing, Inc.. I had called your office when I got the first late notice (copy attached) and the recording advised me that the late fee would be waived if I attached a letter explaining that I never received the original notice. I sent my letter, check for $150.00 and the signed form. The form has been returned to me. I did notice that I had inadvertently not included my EIN on the form. I am resubmitting that form and including my EIN.

I am requesting that the late fees be waived since I did not receive the original notice. Your office still has the $150.00 check I sent on 7/10/03. Please accept that check as full payment.

If I can provide any further information, please contact me at (850)814-4398.

Sincerely,

David Plauche`
President