

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90243 034 \*\*\*150.00

**DOCUMENT # P02000122364**

1. Entity Name  
**O.T.C. DISTRIBUTERS, INC.**



Principal Place of Business  
**4121 BOSTON COURT  
WESTON FL 33331**

Mailing Address  
**4121 BOSTON COURT  
WESTON FL 33331**

2. Principal Place of Business  
**4040 SW 30 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1194 GINGER CIRCLE**  
Suite, Apt. #, etc.

City & State  
**FT LAUDERDALE, FL**  
Zip  
**33312**

City & State  
**FT LAUDERDALE, FL**  
Zip  
**33326**

4. FEI Number  
**56-2303852**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, MITCHELL F**  
**4000 HOLLYWOOD BOULEVARD, SUITE 485-S**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent  
Name  
**CHRISTOPHER HATTENBACH**

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

**1194 GINGER CIRCLE**  
City **FT LAUDERDALE** **FL** Zip Code **33326**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/30/03**

**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

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> Delete |
| NAME           | <b>PLOTNICK, RICK</b>                               |
| STREET ADDRESS | <b>4121 BOSTON COURT</b>                            |
| CITY-ST-ZIP    | <b>WESTON FL 33331</b>                              |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CHRISTOPHER HATTENBACH</b>  |
| STREET ADDRESS | <b>1194 GINGER CIRCLE</b>  |
| CITY-ST-ZIP    | <b>FT LAUDERDALE, FL 33326</b>   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #