## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P93000044894 Apr 27, 2000 8:00 am **Secretary of State** COLORADO CHOICE DISTRIBUTORS, INC. 04-27-2000 90090 048 \*\*\*150.00 Principal Place of Business Mailing Address 1025 S SEMORAN BLVD 1025 S SEMORAN BI 933 Lee Rd # 406 STE-1075 orlando, Fl 32810 DO NOT WRITE IN THIS SPACE Suite, Apt. # 4. FE! Number Applied For 59-3189328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAULERSON, JAMES L. JR 1025 S SEMORAN BLVD STE 1075 933 Lee Rd # 406 WINTER PK FL 32702 Orlando, FL 32810 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PVTS** ☐ Addition TITLE TITLE RAULERSON, JAMES L JR NAME NAME 1025 & SEMORAN BLVD #1075 933 LEERS 406 3 Lec Rd #406 STREET ADDRESS STREET ADDRESS Orlando, F/ 32810 WINTER PK FL 32792 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: Tands L. Rawlerson, Jr. - President 04/21/00 (407) 679 - 378.

CR2E034 (9/99)