

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90066 048 ***150.00

0319196

DOCUMENT # P94000030658

1. Entity Name

ROADRUNNER WHOLESALE DISTRIBUTOR INC.

Principal Place of Business

6542 HIGH RIDGE RD
 LANTANA FL 33462
 US

Mailing Address

6542 HIGH RIDGE RD
 LANTANA FL 33462
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5591 Ainsley CT

5591 Ainsley CT

City & State

City & State

Boynton Beach FL

Boynton Beach FL

Zip

Country

Zip

Country

33437

Palm Beach

33437

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOCKSWELL, STACIE L
 6542 HIGH RIDGE RD
 LAKE WORTH FL 33462

Name

Simon Dockswell

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

5591 Ainsley CT

City

Boynton

FL

Zip Code

33437

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

Simon Dockswell President Simon Dockswell 3/12/2001

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	DOCKSWELL, STACIE LYNN	
STREET ADDRESS	6542 HIGH RIDGE RD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simon Dockswell	
STREET ADDRESS	5591 Ainsley	
CITY-ST-ZIP	Boynton Beach FL 33437	
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		
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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		

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:

Simon Dockswell Simon Dockswell 3/12/2001 561-270-2774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)