

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90137 044 ***150.00

DOCUMENT # P94000090838

1. Entity Name
AMCON ENTERPRISES, INC.



Principal Place of Business
**8590 DYNASTY DRIVE
BOCA RATON FL 33433-6822**

Mailing Address
**8590 DYNASTY DRIVE
BOCA RATON FL 33433-6822**



2. Principal Place of Business

4081 North Federal Hwy

Suite, Apt. #, etc.

200 A-B

City & State

Pompano Beach FL

Zip

33064

Country

USA

3. Mailing Address

4081 North Federal Hwy

Suite, Apt. #, etc.

200 A-B

City & State

Pompano Beach FL

Zip

33064

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0542236

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DILSON, A. ROCHA

8590 DYNASTY DR

BOCA RATON FL 33433-6822

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/2003

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 **PD** ☐ Delete
NAME **ROCHA, DILSON**
STREET ADDRESS **129 LOCK RD APT 6**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE **PSTD** ☐ Delete
NAME **ROCHA, DILSON**
STREET ADDRESS **8590 DYNASTY DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DILSON ROCHA

1/16/03

954-8612415

Date

Daytime Phone #

CR2E034 (10/02)