2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

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D & E SALES, INC.



Apr 28, 2003 8:00 am \$ Secretary of State \$ 04-28-2003 90476075 1. Entity Name 04-28-2003 90476 047 ***150.00 Principal Place of Business Mailing Address 2703 JAMES L. REDMAN PKWY. 2703 JAMES L. REDMAN PKWY. PLANT CITY FL 03507 PLANT CITY FL 33567 2861 HAMMOCK Dr Plant City F1. 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3336297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -PAUL, DAVID ALLEN Street Address (P.O. Box Number is Not Acceptable) 2703 JAMES L. REDMAN PKWY. PLANT CITY FL 33567 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE PAUL, ERNEST E JR. NAME NAME 2703 JAMES L. REDMAN PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-7IP PLANT CITY FL 33567 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PAUL, DAVID ALLEN NAME NAME 2703 JAMES L. REDMAN PKWY. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exposured.