

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072405

1. Entity Name

G.W. DISTLER & SONS OF FLORIDA, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90915 025 ***150.00

Principal Place of Business

Mailing Address

~~291 ALTAMONTE BAY CLUB CIR., STE 208~~
ALTAMONTE SPRINGS FL 32701

P.O. BOX 622131
ORLANDO FL 32862-2131

2. Principal Place of Business

3. Mailing Address

1443 FARRINBOW Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow FL

City & State

City & State

Zip

32746

Country

Seminole

Zip

Country

Country

4. FEI Number

59-3407399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISTLER, GEORGE

~~291 ALTAMONTE BAY CLUB CIR., STE 208~~
ALTAMONTE SPRINGS FL 32701

Name

George Distler

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

1443 FARRINBOW Circle

City

Heathrow

FL

Zip Code

32746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME DISTLER, GEORGE W SR
STREET ADDRESS 291 ALTAMONTE BAY CLUB CIR., STE 208
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE VT
NAME DISTLER, JAMES L SR
STREET ADDRESS 6248 BENT PINE DR., #814B
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME George Distler
STREET ADDRESS 1443 FARRINBOW Circle
CITY-ST-ZIP Heathrow, FL 32746 ☐ Change ☐ Addition

TITLE VT
NAME JAMES L DISTLER SR
STREET ADDRESS 4408 SIMMON DR
CITY-ST-ZIP ORLANDO, FL 32812 ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

407/805-3018

Daytime Phone #

CR2E034 (9/99)