

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90477 035 \*\*\*150.00

**DOCUMENT # P96000089572**

1. Entity Name

**DOWN TO EARTH DISTRIBUTION, INC.**

Principal Place of Business

Mailing Address

**2300 PALM BCH LAKES BLVD.  
STE 207B  
WEST PALM BCH FL 33409  
US**

**2300 PALM BCH LAKES BLVD.  
STE 207B  
WEST PALM BCH FL 33409  
US**

2. Principal Place of Business

**1100 Barnett Dr. #35**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake Worth**

City & State

**Same**

Zip

Country

Zip

Country

**FL 33461**

4. FEI Number **65-0696006**

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

**JEROME, AL  
2300 PALM BEACH LAKES BLVD  
STE. 207B  
WEST PALM BEACH FL 33409**

Name

**Jerome, AL**

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

**1100 Barnett DR #35**

City

**Lake Worth**

FL

Zip Code

**33461**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-6-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, CHRISTOPHER	
STREET ADDRESS	P.O. BOX 1401 N/A	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JEROME, ALBERT DR.	
STREET ADDRESS	2801 EMBASSY DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BLUMENFELD, FRED DR.	
STREET ADDRESS	6 TARRINGTON CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-01**

Date

**561-684-0710**

Daytime Phone #

CR2E034 (10/00)