2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

INVERNESS FL 34453

1626 EAST ST JAMES LOOP

DOCUMENT # P9700001007

1. Entity Name

Principal Place of Business

1626 EAST ST JAMES LOOP

INVERNESS FL 34453

ON A ROLL DISTRIBUTORS, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90067 018 ***150.00

UNNUZVVV



2. Principal P	lace of Busine	ess	3. Mail	3. Mailing Address							V2 ()) 2 2(
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State	е	City	City & State				50-2497818 II-				lied For Applicable		
Zìp		Country	Zìp	Zip Cou			ntry 5.		Certificate of Status Desired	rtificate of Status Desired			
6. Name and Address of Current Registered Agent								7.~N	lame and Address of New Register	ed Agent -	~	-	
						Name	Name						
BOCKIARO, PETER						Street Address (PC			- No. and - in Not A constants				
1626 EAST ST JAMES LOOP							Street Address (P.O. Box Number is Not Acceptable)						
INVERNESS FL 34453													
INVERNESS PL 34453						7,04							
						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													
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. Added to Fed				
10.	RS	11.			ADI	DITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS	IN 11				
TITLE NAME STREET ADDRESS	· -	ST JAMES LOOP		☐ Delete		IE EET ADDRESS				☐ Ch	ange	☐ Addition	
CITY-ST-ZIP	INVERNES	S FL 34453			CITY	'-ST-ZIP			-				
TITLE	D			☐ Delete	TITL	E				☐ Ch	ange	☐ Addition	
NAME	BOCKIARO				NAN							}	
STREET ADDRESS		ST JAMES LOOP				EET ADDRESS							
CITY-ST-ZIP	INVERNES	S FL 34453			-	'-ST-ZIP	7	- n.i	و يوه خوم سه الرابط الواد المستوسيون ا	· · · · · · · · · · · · · · · · · · ·		- Calaman	
TITLE				Delete Delete	TITL					CH	ange	Addition	
NAME					NAM	EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP						'-ST-ZIP							
					+					厂 Ch	anna	☐ Addition	
TITLE	ı			☐ Delete	TITE					, , , , , , , , , , , , , , , , , , ,	ango		
NAME STREET ADDRESS						EET ADDRESS		·					
CITY-ST-ZIP	i					-ST-ZIP							
TITLE				☐ Delete	TITL	F				☐ CH	ange	☐ Addition	
NAME				L Detec	NAħ					_	·	_	
STREET ADDRESS						EET ADDRESS			-				
CITY-ST-ZIP						'-ST-ZIP							
TITLE	<u> </u>	****	·	☐ Delete	TITL	E				☐ Ch	ange	Addition	
NAME				Dorette	NAN						•	_	
STREET ADDRESS	1				STR	EET ADDRESS							
CITY-ST-ZIP					CITY	'-ST-ZIP						J	
40 16		information are start	with this fille-	door not qualify for	the eve	mation stat	ad in Soot	tion 1	119 07(3)(i) Florida Statutes 1 further	certify the	t the int	formation	

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: Delevision of PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/14/03 Date

(352)726 · 3420

CR2E034 (10/02)