

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032978

1. Entity Name
GISELL DISTRIBUTOR, INC.

Principal Place of Business
2217 65TH PLACE NORTH
ST. PETERSBURG FL 33702

Mailing Address
2217 65TH PLACE NORTH
ST. PETERSBURG FL 33702

2. Principal Place of Business
5602 56TH COMMERCE
PARK BLVD.

3. Mailing Address
5602 56TH COMMERCE
PARK BLVD

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33610

Country
HILLSBOROUGH

Zip
33610

Country
HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3438888

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

RODRIGUEZ, RAMONA
2217 65TH PLACE, NORTH
ST. PETERSBURG FL 33702

Name
GISELL STERNER
Street Address (P.O. Box Number is Not Acceptable)
5602 56TH COMMERCE PARK BLVD
City TAMPA FL Zip Code 33610

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 Gisell Sterner

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

(NOTE: Registered Agent signature required when reinstating)

1/16/01
DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, RAMONA 2217 65TH PLACE NORTH ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, GISELL 2217 65TH PLACE NORTH ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, EVELIO 2217 65TH PLACE NORTH ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, GISELL STERNER 5602 56TH COMMERCE PARK BLVD TAMPA, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, V DANIEL STERNER 5602 56TH COMMERCE PARK BLVD TAMPA FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gisell Sterner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01
Date

813/663-0687
Daytime Phone #

CR2E034 (10/00)