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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Jan 22, 2001 8:00 am DOCUMENT # P9700047041 Secretary of State BEHRS DISTRIBUTION, INC. 01-22-2001 90100 041 ***150.00 Principal Place of Business Mailing Address 124 THRASHER ROAD 124 THRASHER ROAD PLANT CITY FL 33566 PLANT CITY FL 33566 U0005759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3452517 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent =- -7. Name and Address of New Registered Agent Name ENHLE. STELLA Street Address (P.O. Box Number is Not Acceptable) 773 W. LUMSDEN ROAD **BRANDON FL 33511** City Zip Code FL 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition BEHR, DONALD J NAME NAME STREET ADDRESS 124 THRASHER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 TITLE ☐ Delete TITLE □ Change ☐ Addition BEHR, TAMMY D NAME STREET ADDRESS 124 THRASHER ROAD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33566 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS 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 attachnegt with an address, with all other like empowered.