

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90293 041 ***150.00

DOCUMENT # P97000056649

1. Entity Name
VIP DISTRIBUTION, INC.

| | |
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| Principal Place of Business 1500 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 | Mailing Address 1500 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 |
|--|--|

645975



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0770549**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**ROTH, RICHARD H
 1500 E. ATLANTIC BLVD.
 POMPANO BEACH FL 33060**

Name **DANIEL OATES**
 Street Address (P.O. Box Number is Not Acceptable)
1500 E. ATLANTIC BLVD
 City **POMPANO BEACH, FL** Zip Code **33060**

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 **DANIEL OATES**

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

(NOTE: Registered Agent signature required when reinstating.)

4/18/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ROTH, RICHARD H 1500 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 | <input checked="" type="checkbox"/> Delete |
|--|---|--|

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS COURY, CHARLOTTE 1500 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 | <input checked="" type="checkbox"/> Delete |
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| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SHENK, RANDALL R 6801 LAKE WORTH RD., STE. 324 WEST PALM BEACH FL 33467 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Randall R. Shenk** **President** **4/18/2001** **800 769 8747**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)