

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90033 016 ***150.00

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000057326

1. Entity Name

Paul Ragsdale Distributing INC.

421485

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10401 NW 48 Manor

Suite, Apt. #, etc.

3. Mailing Address

10401 NW 48 Manor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL.

City & State

Coral Springs, FL.

4. FEI Number

65-0762751

App

Not

Zip
33076

Country
USA

Zip
33076

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Addl
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Ragsdale

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

10401 NW 48 Manor

City

Coral Springs,

FL

Zip Code

33076

**DO NOT WRITE
IN THIS SPACE**

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Added

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**President
Paul Ragsdale
10401 NW 48 Manor
Coral Springs, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 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 attachment with an address, with all other like empowered.

SIGNATURE:

Paul Ragsdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Ragsdale

Date

Daytime Phone #

2-20-02

954 255-7548