

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000002707**

1. Entity Name

CDH DISTRIBUTORS, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90086 042 ***150.00

0476857

Principal Place of Business

**1048 SHAFFER TRAIL
OVEIDO FL 32765**

Mailing Address

**POST OFFICE BOX 621052
OVEIDO FL 32762-1052**

2. Principal Place of Business

528 SQUIRE LANE

Suite, Apt. #, etc.

3. Mailing Address

528 SQUIRE LANE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34746

Country

USA

Zip

34746

Country

USA4. FEI Number **65-0808202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWANN & HADLEY, P.A.
1031 WEST MORSE BOULEVARD
STE. 270
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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

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.

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HARRIS, CARLENE B**
STREET ADDRESS **1048 SHAFFER TRAIL**
CITY-ST-ZIP **OVEIDO FL 32765**TITLE **VSTD** ☐ Delete
NAME **HARRIS, DONALD W**
STREET ADDRESS **1048 SHAFFER TRAIL**
CITY-ST-ZIP **OVEIDO FL 32765**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CARLENE B. HARRIS**
STREET ADDRESS **528 SQUIRE LANE**
CITY-ST-ZIP **KISSIMMEE FL 34746**TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **DONALD W. HARRIS**
STREET ADDRESS **528 SQUIRE LANE**
CITY-ST-ZIP **KISSIMMEE FL 34746**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 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: Carlene B. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

407-873-1080

Daytime Phone #

CR2E034 (10/00)