

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90250 040 ***150.00

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DOCUMENT # P98000047442

1. Entity Name
D & E DISTRIBUTING CO.



Principal Place of Business
**9519 MARINERS COVE LANE
FT. MYERS FL 33919**

Mailing Address
**9519 MARINERS COVE LANE
FT. MYERS FL 33919**



2. Principal Place of Business

**2334 S. CYPRESS BEND DR
Suite, Apt. #, etc. # 312**

3. Mailing Address

**2334 S. CYPRESS BEND DR
Suite, Apt. #, etc. # 312**

☒ CHECK HERE IF MAKING CHANGES

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEI Number

65-0838944

Applied For

Not Applicable

Zip

33069

Country

FLORIDA

Zip

33069

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUGAN, RICH
9519 MARINERS COVE LANE
FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **KUBIN KUL**
Street Address (P.O. Box Number is Not Acceptable)
ONE RECORD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **DUGAN, RICH**
STREET ADDRESS **9519 MARINERS COVE LANE**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **V** ☒ Delete
NAME **EDWARDS, JIM**
STREET ADDRESS **1323 SE 17 ST., #580**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **P** ☐ Delete
NAME **RICH DUGAN**
STREET ADDRESS **2334 S. CYPRESS BEND DR # 312**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **VP** ☐ Delete
NAME **JIM EDWARDS**
STREET ADDRESS **446 S. NEPTUNE DR**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED RICH DUGAN 4/16/03 954-956-8840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)