

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015919

1. Entity Name

F.M.S. DISTRIBUTORS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90175 014 \*\*\*163.75

Principal Place of Business

8700 N.W. 47TH DRIVE  
CORAL SPRINGS FL 33067

Mailing Address

8700 N.W. 47TH DRIVE  
CORAL SPRINGS FL 33067-1950

2. Principal Place of Business

3. Mailing Address

4291 OLD 9 FOOT RD  
Suite, Apt. #, etc.

4291 OLD 9 FOOT RD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER HAVEN

City & State

WINTER HAVEN

4. FE Number

91-1955648

Articles of Incorporation  
Not Applicable

Zip

Country

33880 USA

Zip

Country

33880 USA

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

DOLNEY, FRANK

8700 N.W. 47TH DRIVE  
CORAL SPRINGS FL 33067

Name

FRANK DOLNEY

Street Address, P.O. Box Number is Not Acceptable

4291 OLD NINE FOOT ROAD

City

WINTER HAVEN FL 33880

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

3-29-2000

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, 2000 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 ☐ Delete  
NAME PD  
STREET ADDRESS DOLNEY, FRANK  
CITY-ST-ZIP 8700 N.W. 47TH DRIVE  
CORAL SPRINGS FL 33067

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-2000

CR2E034 (9/99)