

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90093 007 ***150.00

DOCUMENT # P99000015919

1. Entity Name
F.M.S. DISTRIBUTORS, INC.



Principal Place of Business
**4291 OLD 9 FOOT ROAD
WINTER HAVEN FL 33880**

Mailing Address
**4291 OLD 9 FOOT ROAD
WINTER HAVEN FL 33880**



2. Principal Place of Business

4291 Old 9 Foot Road

3. Mailing Address

4291 Old 9 Foot Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Eagle Lake FL

City & State

Eagle Lake FL

4. FEI Number

91-7955648

Applied For

Not Applicable

Zip

Country

33839-2105 USA

Zip

Country

33839-2105 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

4297 OLD NINE FOOT ROAD

WINTER HAVEN FL 33880

Name

Dolney, Frank

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

4291 Old 9 Foot Rd

City

Eagle Lake

FL

Zip Code

33839-2105

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☒ Change ☐ Addition
NAME **DOLNEY, FRANK**
STREET ADDRESS **4291 Old 9 Foot Rd.**
CITY-ST-ZIP **Eagle Lake, FL 33839-2105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)