

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90160 022 ***150.00

DOCUMENT # P99000039236

1. Entity Name

AMERICAN DISTRIBUTION HOLDINGS, INC.

Principal Place of Business

**2263 NW 2ND AVENUE #205
 BOCA RATON FL 33431**

Mailing Address

**2263 NW 2ND AVENUE #205
 BOCA RATON FL 33431**

2. Principal Place of Business

2080 NW Boca Raton Blvd

3. Mailing Address

2080 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

Country

33431

Zip

Country

33431

4. FEI Number

65-0920763

Applied For

Not Applicable

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

MULLIN, JAMES G

**2263 NW 2ND AVENUE #205
 BOCA RATON FL 33431**

Name

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

2080 NW Boca Raton Blvd

Suite 6

City

Boca Raton

FL

Zip Code

33431

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 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 **D** ☐ Delete
 NAME **SUTHERLAND, KIM**
 STREET ADDRESS **PO BOX 39392**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33339**

TITLE ☒ Change ☐ Addition
 NAME **2080 NW 2nd Ave. #6**
 STREET ADDRESS **Boca Raton, FL 33431**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)