

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90471 022 ***150.00

DOCUMENT # P99000084594

1. Entity Name

DETAILER'S CHOICE, INC.

Principal Place of Business

**540 RIDGEVIEW WAY, APT 307
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**PO BOX 161820
 ALTAMONTE SPRINGS FL 32716-1820**

928879

2. Principal Place of Business

4101 EL Rey Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 6A

City & State

Orlando, FL

City & State

Zip

32808

Country

Orange

4. FEI Number

62-1795940

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

**PULLEN, BRIAN L
 540 RIDGEVIEW WAY, APT 307
 ALTAMONTE SPRINGS FL 32714**

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 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 **P**
PULLEN, BRIAN L
 STREET ADDRESS **540 RIDGEVIEW WAY**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete
 NAME **S**
ALTI, STEPHANIE A
 STREET ADDRESS **672 RIVERPARK CIRCLE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition
 NAME **S**
ALTI, STEPHANIE R.
 STREET ADDRESS **3223 Oberlin Ave.**
 CITY-ST-ZIP **Orlando, FL 32804**

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
 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: Brian L. Pullen **Brian L. Pullen**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01
 Date

407-447-1167
 Daytime Phone #

CR2E034 (10/00)