

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085079

1. Entity Name

TKM DISTRIBUTORS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90430 013 ***150.00

Principal Place of Business

Mailing Address

1662 ANNE DR.
 MIDDLEBURG FL 32068

1662 ANNE DR.
 MIDDLEBURG FL 32068-4005

2. Principal Place of Business

3. Mailing Address

1662 Anne Dr.
 Suite, Apt. #, etc.

1662 Anne Dr.
 Suite, Apt. #, etc.

City & State

City & State

Middleburg, FL

Middleburg, FL

4. FEI Number

59-3602425

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

TODARO, ANTHONY W
 1662 ANNE DR.
 MIDDLEBURG FL 32068

Name Jennifer MARTIN

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

1662 Anne Dr

City Middleburg, FL Zip Code 32068

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
President	Anthony Todaro	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1662 Anne Dr	Middleburg, FL 32068		
Vice President	Richard Isielman	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2006 Harden Brook Ln	Jacksonville, FL		
Controller	Jennifer Martin	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1662 Anne Dr	Middleburg, FL 32068		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jennifer Martin, Controller

4/26/00

904 635-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)