FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000O98005

1. Entity Name

LM-Plus DISTRIBUTING, INC.

B0050337

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2148 Pineview Cir	2148 Pineview Cir	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	4. FEI Number	Applied For
Pensacola, FL	Pensacola, FL	59-3636663	Not Applicable

Zip 32526	Country	Zip 32526	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name Lenora M Rimpf

Street Address (P.O. Box Number is Not Acceptable) 2148 Pineview Cir

City Pensacola FL Zip Code 32526

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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			
TITLE	P	TITLE		
NAME	Rimpf, Lenora	NAME		
STREET ADDRESS	2148 Pineview Cir	STREET ADDRESS		
CITY-ST-ZIP	Pensacola, FL 32526	CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
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NAME		NAME	DO NOT WRITE	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lenora Rimpf   Lenora Rimf   3/2/02   (850) 944-8414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/01)