

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099520

1. Entity Name

AMERICA'S CHOICE DISTRIBUTION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90090 047 ***150.00

Principal Place of Business

Mailing Address

933 LEE ROAD, SUITE 406
ORLANDO FL 32810

933 LEE ROAD, SUITE 406
ORLANDO FL 32810-5537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2209053

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

HOEPKER, TODD M
390 N. ORANGE AVE., SUITE 1800
ORLANDO FL 32801

Name

James L. Raulerson, Jr. - President

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

933 Lee Rd
#406

City

Orlando

FL

Zip Code

32810

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

James L. Raulerson, Jr. James L. Raulerson, Jr. - President

04/21/00

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

TITLE **D** ☐ Delete
NAME **RAULERSON, JAMES L**
STREET ADDRESS **933 LEE ROAD, SUITE 406**
CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

James L. Raulerson, Jr. James L. Raulerson, Jr. - President 04/21/00 (407) 629-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)