

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90054 029 ***150.00

DOCUMENT # V11978

1. Entity Name

LELA DISTRIBUTORS, INC.

Principal Place of Business

**3601 E OCEAN BLVD.
 S-205
 STUART FL 34996**

Mailing Address

**3601 E OCEAN BLVD.
 S-205
 STUART FL 34996**

2. Principal Place of Business

1220 U.S. HIGHWAY #1

3. Mailing Address

1220 U.S. HIGHWAY #1

Suite, Apt. #, etc.

SUITE K

Suite, Apt. #, etc.

SUITE K

City & State

NORTH PALM BEACH, FLORIDA

City & State

NORTH PALM BEACH, FLORIDA

Zip

33408

Country

U.S.A.

Zip

33408

Country

U.S.A.

4. FEI Number

65-0310994

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, C. RICHARD
 3601 E OCEAN BLVD.
 S-205
 STUART FL 34996**

7. Name and Address of New Registered Agent

Name
NELSON, C. RICHARD

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

1220 U.S. HIGHWAY #1

SUITE K

City

NORTH PALM BEACH

FL

Zip Code

33408

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, 2002 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

TITLE NAME	D <input type="checkbox"/> Delete NELSON, C. RICHARD
STREET ADDRESS	3601 E OCEAN BLVD. #205
CITY-ST-ZIP	STUART FL 34996
TITLE NAME	D <input type="checkbox"/> Delete NELSON, JUDITH C.
STREET ADDRESS	3601 E OCEAN BLVD. #205
CITY-ST-ZIP	STUART FL 34996
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

Daytime Phone #

CR2E034 (9/01)