2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

653849 **DOCUMENT #**

1. Entity Name

FLORIDA-GEORGIA DISTRIBUTING COMPANY -



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90117 037 ***150.00

Principal Place of Business 502 CASSAT AVE JACKSONVILLE FL 32205		Mailing Address 502 CASSAT AVE JACKSONVILLE FL 32205									
	•										
2. Principal Place of Business			3. Mailing Address								EN BIBN 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-1978172 Applied For Not Applicable				
Zip	Country	Zip		Coun	try		5 . C	Certificate of Status Desired		75 Ada Require	litional
	6. Name and Address of Current	Register	ed Agent				7. N	ame and Address of New Registe	red Agen	t	
THICDEN	TDENT				_Name _		_=_				
THIGPEN, TRENT 1922 TANDEL-CREEK PLACE 4547 WILDERNESS OT					Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 3259											
							FL Zip Code				
	named entity submits this statement fo ions of registered agent.	the purp	pose of changing its	registere	ed office or	registere	ed age	ent, or both, in the State of Florida.	am famili	ar with,	and accept
SIGNATURE											
	Signature, typed or printed name of registered agent a	ind title if app	plicable. (NOTE	: Registere	d Agent signatu	re required	when rein	nstating) DA	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS 11.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEARS, DAVID W. 5552 HECKSCHER DRIVE JACKSONVILLE FL 32226		☐ Delete		i					Change	☐ Addition
TITLE NAME	PT THIGPEN, TRENT E.		☐ Delete	TITLE			•			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	4547 WILDERNESS CIRCLE JACKSONVILLE FL 32258				ET ADDRESS - ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ر المدين المدائرية المحافظة ا		☐ Delete			. •	-	esember es e total.	 (Change	Addition
TITLE			☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					,		Change	Addition
TITLE NAME			Delete	TITLE	·					Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HOTEL OTRENTOE. THISPEN

Daytime Phone #