

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90036 004 \*\*\*150.00

0333 \*3

**DOCUMENT # P00000047790**

1. Entity Name  
**MERIDIAN DISTRIBUTORS INC.**



Principal Place of Business      Mailing Address  
**814 CENTERWOOD COURT**      **814 CENTERWOOD COURT**  
**BRANDON FL 33511**              **BRANDON FL 33511**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1404 MERCANTILE COURT**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE A**

City & State      City & State  
**PLANT CITY FLORIDA**  
 Zip      Country      Zip      Country  
**33567**      **USA**

4. FEI Number      Applied For  
**59-3646489**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WHITE, ROGER H**  
**814 CENTERWOOD COURT**  
**BRANDON FL 33511**

**7. Name and Address of New Registered Agent**

Name **ROGER H. WHITE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**813 CENTERWOOD COURT**  
 City **BRANDON**      **FL**      Zip Code **33511**

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 *Roger H White*      DATE 1-20-2001  
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, 2001 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 STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WHITE, ROGER H</b> <b>814 CENTERWOOD COURT</b> <b>BRANDON FL 33511</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>POMPEY, JOHN</b> <b>5635 SUMMERLAND HILLS CIRCLE</b> <b>LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ALBRITTON, JAMIE</b> <b>2313 E. WOOTEN ROAD</b> <b>DOVER FL 33527</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ALBRITTON, JAMIE</b> <b>2313 E. WOOTEN ROAD</b> <b>DOVER FL 33527</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(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: *Roger H White*      **ROGER H. WHITE**      DATE 1-24-01      DAYTIME PHONE # 813 752-2334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)