

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90261 016 ***150.00

DOCUMENT # P97000027982

1. Entity Name
SAWGRASS DISTRIBUTORS, INC.

Principal Place of Business
**140 ROYAL PALM WAY STE 202
 PALM BEACH FL 33480**

Mailing Address
**140 ROYAL PALM WAY STE 202
 PALM BEACH FL 33480**

2. Principal Place of Business
**999 ELLER DR.
 Suite, Apt. #, etc.
 A-4**

3. Mailing Address
**P.O. BOX 22985
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33316

Country

Zip
33335

Country

4. FEI Number
65-0743863

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**METTLER, PETER W
 140 ROYAL PALM WAY STE 202
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHANNON, MARK R	2891 NE 18 ST	POMPANO BEACH FL 33062	<input type="checkbox"/>
STD	SHANNON, J J	3150 PEACEFUL RIDGE ROAD	DAVIE FL 33330	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STD	Shannon, Earl T.	140 Royal Palm Way, Ste. 2202	Palm Beach, FL 33480	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: MARK R SHANNON 4/22/02 954-325-2424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)