2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

11341 DISTRIBUTION AVE EAST

299102 **DOCUMENT #**

1. Entity Name

Principal Place of Business

11341 DISTRIBUTION AVE EAST

DISTRIBUTORS OF FLORIDA, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90096 006 ***150.00

| | | 110H 148H 110H | 1486 5550 FF |
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| JACKSONVILLE FL 32256 | | | JACH US | JACKSONVILLE FL 32256 US | | | | | | | | | | |
|---|------------------|------------------------------------|--------------------|-----------------------------|--------------|------------------------|---|--|----------------------|-----------------|-------------------|-------------------|-------------------------------|--|
| 2. Principal Place of Business | | | 3. Ma | 3. Mailing Address | | | | | | | | | #1.#11 | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State | | | City | City & State | | | | 1 54-156/4414 | | | | | Applied For Not Applicable | |
| Zip Country | | | Zip | | | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | | | |
| Name and Address of Current Registered Agent | | | | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| FL CORP | | | | | | Name , | | | | | | | | |
| | | · | 7 " | | | Sireēt Address (PO Box | | | lumber is N | ot Acceptabl | le) | يور يادادين | | |
| 200 LAURA ST. JACKSONVILLE FL 33202 | | | | | | | | | | | | | | |
| | | | | | ļ | City | <u> </u> | FL Zip Code | | | | | | |
| 8. The above | named entity | submits this statement f | or the purp | ose of changing its | registere | d office o | r registered | agent, | or both, in tl | he State of F | lorida. I ar | n familiar with | , and accept | |
| £ the obligat | tions of registi | ered agent. | | | | | | | | | | | | |
| SIGNATURE . | ř. | | | | | | | | | | | | | |
| • | Signature, typed | or printed name of registered agen | t and title if app | olicable. (NOTE | : Registered | Agent signa | ure required wh | en reinstat | ing) | | DATE | | | |
| F | II Ê NOWII | ! FEE IS \$150.00 | | | | | | | | | | | | |
| | | 3 Fee will be \$550.00 | | | | | | | | Campaign F | • | _ \$5.6 | 00 May Be | |
| Make Check Payable to Florida Department of State | | | | | | | Trust Fun | nd Contribution | on. | ☐ Adde | d to Fees | | | |
| 10. | | OFFICERS AND | DIRECTO | IRS | 11. | | | ΔΩΠΙΤΙ | ONS/CHAN | IGES TO OF | EICERS AN | ND DIRECTOR | 20 IN 11 | |
| TITLE | C | 3711021071112 | BILICOTO | ☐ Delete | TITLE | | | | de Sale | | ITICENS AI | DINECTOR ☐ Change | Addition | |
| NAME | | S, ARCHIE A. | | L.J Delete | NAME | | | | | | • | Change | Auditoli | |
| STREET ADDRESS | 11341 DIS | TRIBUTION AVE E | | | | T ADDRESS | 11241 | DIST | ribution | d L. n Ave l | E | | | |
| CITY-ST-ZIP | f | | | | | ST-ZIP | JACKSON VILLE , FL 32256 | | | | | | | |
| TITLE | VP | | | ☐ Delete | TITLE | | VD OF | f Du | +<120 | Sules | - 5 -2 | ☐ Change | X Addition | |
| NAME | | N, JR LARRY R | | LI Delete | NAME | | مرصلت م | M | awk A | , | | Change | ACT Addition | |
| STREET ADDRESS | | TRIBUTION AVE E | | | | T ADDRESS | 11201 | 716 | hubati | S AVE | E | | | |
| CITY-ST-ZIP | | VILLE FL 32256 | | | | ST-ZIP | 1 | . (' | . ماليون . ماليون | FL 3 | 2256 | | | |
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| NAME | CHESNUT | F. BILLY J | | D01010 | NAME | | | | | | | onlings | | |
| STREET ADDRESS | | TRIBUTION AVE E | | | STREE | T ADDRESS | j | | | | | | | |
| CITY-ST-ZIP . | | /ILLE FL 32256 | _ | | CITY- | ST-ZIP | | | | | | | | |
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| NAME | | r, Helen a | | | NAME | | | | | | | - | | |
| STREET ADDRESS | | TRIBUTION AVE E | | | | T ADDRESS | | | | | | | Į | |
| CITY-ST-ZIP | JACKSON\ | /ILLE FL 32256 | | | CITY-S | ST-ZIP | | | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | | | | Change | Addition | |
| NAME | | | | | NAME | | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | | | CITY-S | ST-ZIP | | | | | | | | |

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.

SIGNATURE: