

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 303607

FILED
Apr 04, 2002 8:00 AM
Secretary of State

Entity Name: CTL DISTRIBUTION, INC.

Current Principal Place of Business:

502 E. BRIDGERS AVE.
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

502 E. BRIDGERS AVE.
AUBURNDALE, FL 33823

New Mailing Address:

POST OFFICE DRAWER 67
AUBURNDALE, FL 33823

FEI Number: 59-1147383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOSTICK, GUY,
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: VT () Delete
Name: JACOBS, MILTON,
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: EVD () Delete
Name: BOSTICK, MARK,
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: P (X) Delete
Name: HINDLE, THOMAS B
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: S (X) Delete
Name: READY, BILLY R
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HINDLE, THOMAS B
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: TSD (X) Change () Addition
Name: JACOBS, MILTON E
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: EVPD (X) Change () Addition
Name: BOSTICK, R. MARK
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON E. JACOBS

TSD

04/04/2002

Electronic Signature of Signing Officer or Director

Date