

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 361160

1. Entity Name

MILITARY DISTRIBUTORS, INC.

Principal Place of Business

400 RACETRACK ROAD
P. O. BOX 728
OLDSMAR FL 34677
US

Mailing Address

400 RACETRACK ROAD
P. O. BOX 728
OLDSMAR FL 34677
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1303670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOROTA, JOSEPH J JR
28100 US HWY 19 NORTH
STE 501
CLEARWATER FL 34621

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, 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	D	<input type="checkbox"/> Delete
NAME	PARKER, CHARLOTTE H.	
STREET ADDRESS	710 EASTLAKE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DSC	<input type="checkbox"/> Delete
NAME	PARKER, WILLIAM M.	
STREET ADDRESS	710 EASTLAKE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LEMA, LARRY	
STREET ADDRESS	60 DEERPATH CT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOENIG SHARON PARKER	
STREET ADDRESS	1364 PINEHILLS RD	
CITY-ST-ZIP	BELEA, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Wm. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-01 813-855-1404



DO NOT WRITE IN THIS SPACE

042545

CR2E034 (10/00)