## 2002 Uniform Business Report (UBR)

SIGNATURE

## Mar 13, 2002 8:00 am DOCUMENT # 361160 **Secretary of State** 1. Entity Name 03-13-2002 90043 007 \*\*\*150.00 MILITARY DISTRIBUTORS, INC. Principal Place of Business Mailing Address 400 RACETRACK ROAD 400 RACETRACK ROAD P. O. BOX 728 P. O. BOX 728 OLDSMAR FL 34677 OLDSMAR FL 34677 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1303670 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOROTA. JOSEPH J JR Street Address (P.O. Box Number is Not Acceptable) 28100 US HWY 19 NORTH STE 501 CLEARWATER FL 34621 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01)☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME Parker, Charlotte H. NAME CR2E034 710 EASTLAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7/P TARPON SPRINGS FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE DST ☐ Delete TITLE NAME PARKER, WILLIAM M. NAME STREET ADDRESS STREET ADDRESS 710 EASTLAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL ☐ Addition Change TITLE Delete 🖵 ڃ ᢏ TITLE DST KOEHN, SHARON PARKER 1364 PINELLAS RD. NAME NAME Parker, Koehn S STREET ADDRESS STREET ADDRESS 1364 PINALLAS RD CITY-ST-ZIP -CITY-ST-ZIP BELLEAIR FL 33756 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 see impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that indicated on this re ne information supplied ort or supplement of the corporation. ustee or the receiver of

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	JMENT # 361160 y distributors, inc.	) .			SMA. Please Handle	12543
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.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-1303670	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Re	gistered Agent
SOROTA, 28100 US STE 501	Street		O. Box Number is Not Acceptable)	-		
CLEARWATER FL 34621						FL Zip Code
8. The above	e named entity submits this statement for the name of registered agent and		registered office (	SH	MRON - PCE	da.  ENSE CUT  NECK  DATE
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so iria on back)	FILE NOW!! After May 1, 200 Make Check Payabl	•	550.00	10. Election Campaign Final Trust Fund Contribution.	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PARKER, CHARLOTTE H. 710 EASTLAKE DRIVE TARPON SPRINGS FL	RECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARKER, WILLIAM M. 710 EASTLAKE DRIVE TARPON SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARKER, KOEHN S 1364 PINALLAS RD BELLEAIR FL 33756	- Delete	TITLE———— NAME STREET ADDRESS CITY-ST-ZIP	Koek 1364	nn, Shavon Parke Pinellas Rd.	Change - ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 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.

SIGNA	ATURE
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