

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 518981

1. Entity Name

SUN VALLE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

17500 BACK BEACH RD
PANAMA CITY BEACH FL 32413
US

P O BOX 9506
P.O. BOX 9506
PANAMA CITY BEACH FL 32417
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oldsmar FL

Zip Country

Zip Country
34677

4. FEI Number 59-1700934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPSEY, LESLIE R
1754 STABLE TRAIL
PALM HARBOR FL 34685

Name Lipsey, Leslie R.

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

4965 Turtle Creek Trail

City Oldsmar FL Zip Code 34677

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 *Lauren Wanzie*

(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	P	DELETE
NAME	VALLE, S.D., III	
STREET ADDRESS	17500 BACK BEACH RD	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	S	DELETE
NAME	VALLE, MELVA MELISSA	
STREET ADDRESS	17500 BACK BEACH RD	
CITY-ST-ZIP	PANAMA CITY BCH FL 32413	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	CHANGE	ADDITION
NAME	Lipsey, Leslie R.		
STREET ADDRESS	4965 Turtle Creek Trail		
CITY-ST-ZIP	Oldsmar, FL 34677		
TITLE	V	CHANGE	ADDITION
NAME	Shattuck, Gregory L.		
STREET ADDRESS	1621 Gulf Blvd. #1106		
CITY-ST-ZIP	Clearwater, FL 33767		
TITLE	ST	CHANGE	ADDITION
NAME	Wanzie, Lauren		
STREET ADDRESS	10241 Indian Mound Dr.		
CITY-ST-ZIP	New Port Richey, FL 34654		
TITLE	D	CHANGE	ADDITION
NAME	Lipsey, Leslie L.		
STREET ADDRESS	1127 Royal Troon Court		
CITY-ST-ZIP	Tarpon Springs, FL 34689		
TITLE		CHANGE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

813-854-3131

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90047 013 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)