

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90414 033 ***150.00

0690662 FP

DOCUMENT # F42957

1. Entity Name
FLORIDA KEY DISTRIBUTORS, INC.



Principal Place of Business
~~2100 E STATE RD~~ 2910 Winter Lake Rd
~~540A~~ Lakeland FL 33803
LAKELAND FL 33812
US

Mailing Address
~~2100 E STATE RD~~ Same
~~540A~~
LAKELAND FL 33813
US



2. Principal Place of Business
2910 Winter Lake Rd
Suite, Apt. #, etc.

3. Mailing Address
2910 Winter Lake Rd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lakeland FL
Zip
33803
Country
USA

City & State
Lakeland FL
Zip
33803
Country
USA

4. FEI Number 59-2195473
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALLEMAN, GARY C
2180 E STATE RD
540A
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name Thomas S. Jessup, II
Street Address (P.O. Box Number is Not Acceptable)
1210 E. VENICE AVE
City VENICE FL Zip Code 34292

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas S. Jessup, II*

Signature, typed or printed name of registered agent and 1-6 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, JESSUP	
STREET ADDRESS	1210 E VENICE AVE	
CITY-ST-ZIP	VENICE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABREAU, GERALD	
STREET ADDRESS	3255 FLAGLER AVE.	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-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:

Thomas S. Jessup, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/03

CR2E034 (10/02)