

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000000283

FILED
Feb 18, 2003
Secretary of State

Entity Name: FULL LINE DISTRIBUTORS, INC.

Current Principal Place of Business:

45555 PORT STREET
PLYMOUTH, MI 48170 US

New Principal Place of Business:

Current Mailing Address:

45555 PORT STREET
PLYMOUTH, MI 48170 US

New Mailing Address:

FEI Number: 58-1724902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TYRA, VINCENT
Address: 45555 PORT STREET
City-St-Zip: PLYMOUTH, MI 48170 US

Title: CFO () Delete
Name: MOROF, HOWARD
Address: 45555 PORT STREET
City-St-Zip: PLYMOUTH, MI 48170 US

Title: CEO () Delete
Name: MCCURRY, JAMES
Address: 45555 PORT STREET
City-St-Zip: PLYMOUTH, MI 48170 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TYRA, VINCENT
Address: 45555 PORT STREET
City-St-Zip: PLYMOUTH, MI 48170 US

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

Title: VP (X) Change () Addition
Name: MILLER, DIANE
Address: 45555 PORT STREET
City-St-Zip: PLYMOUTH, MI 48170 US

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: DIANE MILLER

VP

02/18/2003

Electronic Signature of Signing Officer or Director

Date