

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004090

1. Entity Name

F & S DISTRIBUTING, INC. OF CENTRAL FLORIDA

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90220 016 ***150.00

Principal Place of Business

Mailing Address

9432 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

9432 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837-8321

2. Principal Place of Business

3. Mailing Address

139 SHADY OAK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVIEDO, FL.

Zip

Country

Zip

Country

32765

4. FEI Number

59-3585193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHALKH, SARRIDA
9432 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

SHAIKH, FARRIDA

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

139 SHADY OAK LANE

City

OVIEDO

FL

Zip Code

32765

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

Farrida Shaikh

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, 2000 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 PCTD
NAME SHAIKH, SARRIDA
STREET ADDRESS 9432 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SHAIKH, FARRIDA
STREET ADDRESS 139 SHADY OAK LANE
CITY-ST-ZIP OVIEDO, FL 32765

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

Farrida Shaikh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2.24.00

Daytime Phone #

407.234.4351

CR2E034 (9/99)