

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90102 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004090	
1. Entity Name F&S DISTRIBUTING, INC.	

DO NOT WRITE IN THIS SPACE

50028582

2. Principal Place of Business 139 SHADY OAK LANE Suite, Apt. #, etc.	3. Mailing Address 139 SHADY OAK LANE Suite, Apt. #, etc.
City & State OVIEDO, FL	City & State OVIEDO, FL
Zip 32765	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585193	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name SHAIKH, FARIDA	
Street Address (P.O. Box Number is Not Acceptable) 139 SHADY OAK LN	
City OVIEDO FL 32765	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President	NAME SHAIKH, FARIDA
STREET ADDRESS 139 SHADY OAK LN	CITY-ST-ZIP OVIEDO FL 32765
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Farida Shaikh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.13.05

Date

321.436.5609

Daytime Phone #