FILED Mar 17, 2003 8:00 am

2003 UNIFORM BUSINESS REP	ORT (UBR

DOCUM	JENT #	# F99000004	4090						Secr		•		
1. Entity Na	ime						:/		03-1 /-	-2003 !	910/80	040 **	**150.00
F&S DISTF	RIBUTING	, INC.											
Principal Plac 139 SHADY				ng Addi SHAD	ress Y OAK I	LANE							
OVIEDO, FL 32765	L		OVIE 3276	EDO, F 55	FL				. (1005	356	1	
2. Principal	Place of Bu	siness	3. Mai	ling Ad	dress								
Suite, Apt	ot. #, etc.		Suit	te, Apt.	. #, etc.				DO NOT W	RITE IN	THIS SP	ACE	
City & Sta	ate		City	& Sta	te				FEI Number				Applied For lot Applicable
Zip		Country	Zip			Countr	ТУ		Certificate of Status Desi	red	\$8.7	5 ARequire	Additional
6.	Name and	Address of Cur	rent Reaiste	red Ac	gent		•	7. Nan	ne and Address of Ne	w Regi			
							Name						
SHAIKH, FA	ARRIDA								4				
139 SHADY OVIEDO FL	OAK LN						Street Ac	ddress (F	P.O. Box Number is No	ot Acce	ptable)		
							City				FL	Zip (Code
8. The above	e named er	ntity submits this	statement for	r the pu	urpose of	f changin	g its registe	ered offic	ce or registered agent,	or both	n, in the	State	of Florida.
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.≓ SIGNATURE					1.4	÷.					,=·	-	
 SIGNATURE	Signature, typ	ed or printed name of	registered agent	and title i	if applicable	. (NOTI	E: Registered	Agent signa	sture required when reinstatin)g)	.= Date		
7	Signature, typ	<u> </u>		. 4 . 4 . 4 . 4 . 4 . 4 . 4	1021010101010	. (NOTI		Agent signa	sture required when reinstatin	13)	Date		
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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:

321.436.5609 3.14.03 Date

Daytime Phone #