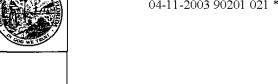
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** G08207 **DOCUMENT #** 1. Entity Name FLORIDA STATE DISTRIBUTORS, INC.



04-11-2003 90201 021 \*\*\*150.00



					WE TE							
Principal Place of Business 4601 S.W. 34TH STREET, STE 102 ORLANDO FL 32811		4601 S.	Mailing Address 4601 S.W. 34TH STREET. STE 102 ORLANDO FL 32811									
2. Principal P	lace of Business	3. Mailin	3. Mailing Address						<b>3</b> 111 1 <b>001 0</b> 1411 1			
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e	City &	City & State			4. FEI Number 59-2235705				pplied For		
Zip	Country		Zip		Country					\$8.75 Add	8.75 Additional se Required	
6. Name and Address of Current Registered Agent						7. Nam	e and Addr	ess of New	Registered .	Agent		
_ =					Name =====			-				
NEAF, ARTHUR O. 8739 LOST COVE DRIVE					Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO	FL 32819				_				,-			
					City				FL	Zip Cod	e i	
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.											and accept	
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applica	able. (NOTE:	Registered Aç	pent signature required	d when reinstati	ting)	<del></del>	DATE			
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 Trust Fur	Campaign Find Contribution			<b>0</b> May Be I to Fees	
10.	OFFICERS	S AND DIRECTORS	3	11.		ADDITI	IONS/CHAN	IGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	p		☐ Delete	THTLE						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	NEAF, ARTHUR O. 8739 LOST COVE DRIVE ORLANDO FL		L. Delete	NAME STREET A	T I					ondings		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEAF, MARY L. 8739 LOST COVE DRIVE ORLANDO FL		□ Delete	TITLE NAME STREET A	address					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Subsection of the contraction of		Delete. 25	NAME STREET A	.DDRESS			tu Ett.		⊡ Change -	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del>	☐ Delete	TITLE NAME STREET A CITY-ST-						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-		<u>-</u>				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-						☐ Change	☐ Addition	

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 withan address, with all other like empowered.

SIGNATURE:

CONTRED REQUIRED SIGNATURE AND TYPED OR PRINTE NAME OF SIGNING OFFICER OR DIRECTOR