

AMENDED  
**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL 28 AM 11:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # G08207

1. Entity Name  
**FLORIDA STATE DISTRIBUTORS, INC.**

Principal Place of Business  
 4601 S.W. 34TH STREET, STE 102  
 ORLANDO, FL 32811

Mailing Address  
 4601 S.W. 34TH STREET, STE 102  
 ORLANDO, FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-2235705**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEAF, ARTHUR O.  
 8739 LOST COVE DRIVE  
 ORLANDO, FL 32819

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
 NAME NEAF, ARTHUR O.  
 STREET ADDRESS 8739 LOST COVE DRIVE  
 CITY-ST-ZIP ORLANDO, FL

TITLE **D,P,S**  Change  Addition  
 NAME Neaf, Mary L.  
 STREET ADDRESS 8739 Lost Cove Drive  
 CITY-ST-ZIP Orlando, FL

TITLE **VS**  Delete  
 NAME NEAF, MARY L.  
 STREET ADDRESS 8739 LOST COVE DRIVE  
 CITY-ST-ZIP ORLANDO, FL

TITLE **D**  Change  Addition  
 NAME Neaf, Arthur O.  
 STREET ADDRESS 8739 Lost Cove Drive  
 CITY-ST-ZIP Orlando, FL

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**000021834240**  
**07/28/03--01030--007 \*\*61.25**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE: Mary L. Neaf Mary L. Neaf

7/24/03

407-841-8344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

7/28