## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # J28246** May 24, 2000 8:00 am Secretary of State THT WHOLESALE DISTRIBUTION, INC. 05-24-2000 90057 003 \*\*\*150.00 Mailing Address Principal Place of Business 625 QUINTANA PL NE 625 QUINTANA PL NE ST, PETERSBURG FL 33703-3120 ST. PETERSBURG FL 33703 US LIS. 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2756336 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required --- -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACE, JEANINE D Street Address (P.O. Box Number is Not Acceptable) 625 QUINTANA PL NE **SUITE #209** ST. PETERSBURG FL 33703 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE DUVAL, THEODORE J. NAME STREET ADDRESS STREET ADDRESS 4832 QUEEN PALM TERRACE N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Addition Change ☐ Delete TITLE TITLE NAME DUVAL, ELINOR J NAME STREET ADDRESS STREET ADDRESS 4832 QUEEN PALM TERR NE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 ---- Change ☐ Addition ☐ Delete TIBE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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