Centified MAIL # 7000 0600

2002 UNIFORM BUSINESS REPORT (UBR)

K49621

1. Entity Name

PURSLEY DISTRIBUTING, INC.

Principal Place of Business % LINDA K. SABNDERS

DOCUMENT #

P.O. BOX 1448 PALMETTO FL 34220 Mailing Address

% LINDA K. SABNDERS

P.O. BOX 1448

PALMETTO FL 34220

FILED May 27, 2002 8:00 am § Secretary of State 05-27-2002 90462 026 ***150.00

BRADENTON, FL 34202

| 2. Principal | Place of Business | 3. Mailing Address | | | 1 | | | | | |
|---|---|---|----------------------------|---|-------------------------------------|---|--|-------------|-----------------------------|--|
| | | | add DD | FE. | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 9115 Sthe DR. E. | | | | DO NOT WRI | TE IN THIS SI | PACE | | |
| 9115 58th DR. E. City & State | | City & StateBRADENT ON, FILL 394 | | 340 | 1 Number | | | | | |
| J., J. J. | SUITE A | ON A GIRIEBRADE | IN (ON, THE | 4048 | 65-0091840 | |) | | pplied For ot Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | | 8.75 Ad | ditional | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | Name | | | | | | |
| LECKEY, | PHILLIP D | | Ctroot Add | lun no /D | O Day Novele | | ->- | | | |
| 9115 58T | H DRIVE EAST | Street Address (| | | (P.O. Box Number is Not Acceptable) | | | | | |
| STE. A | | | | | | | ~~ | | | |
| BRADENT | City | | ··- | | | T = - | | | | |
| | City | | | | FL | Zip Cod | е | | | |
| SIGNATURE | e named entity submits this statement for the name of registered agent and | | egistered office or re | | | n, in the State of Flo | DATE | | | |
| Tax filing (See crite | oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat | | | True | etion Campaign Fir st Fund Contributio | | ΨO.U | May Be to Fees | |
| 11, | OFFICERS AND DI | <u>.</u> | 12. | | ADDITIONS/C | CHANGES TO OFF | ICERS AND D | PRECTOR | 3 IN 11 | |
| TITLE | P | ☐ Delete | TITLE | | | | { | Change | ☐ Addition | |
| NAME STREET ADDRESS | LECKEY, PHILLIP 19115 58TH DRIVE EAST SUITE A | | NAME | | | | | | | |
| CITY-ST-ZIP | BRADENTON FL 34202 | | STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | DV | | | | | | | | | |
| NAME | LECKEY, LINDA P. | ☐ Delete | TITLE NAME | | | | Į | Change | Addition | |
| STREET ADDRESS | 9115 58TH DRIVE EAST SUITE A | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BRADENTON FL 34202 | | CITY-ST-ZIP | | | | | | | |
| TITLE | DST | □ Delete | TITLE | | | | , <u>. </u> | | - Addition | |
| NAME | PURSLEY, TRICIA K. | The percent | NAME | | | | L |) Change | ☐ Addition | |
| STREET ADDRESS | 9115 58TH DRIVE EAST SUITE A | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BRADENTON FL 34202 | | CITY-ST-ZIP | | | | | | | |
| TITLE | AS | □ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME | SANDERS, LINDA | | NAME | | | | L. | _ Unange | □ ∧odition | |
| STREET ADDRESS | 9115 58TH DRIVE EAST SUITE A | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BRADENTON FL 34202 | | CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | -1. | Г | Change | Addition | |
| NAME | | | NAME | | | | _ | _ ondings | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | - | Г | Change | ☐ Addition | |
| NAME | | | NAME | | | | _ | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| 13. I hereby o | certify that the information supplied with this | s filing does not qualify for th | e exemption stated | in Section | on 119.07(3)(i), | Florida Statutes. I | further certify | that the in | formation | |

indicated on this report or supplemental report is true and acct of the corporation or the receiver or trustee empowered to exec changed, or on an attachment with an address, with all other e and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Daytime Phone #