

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 10000002207

Entity Name
SPEED DISTRIBUTORS, L.L.C.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 3:38

1/22

Principal Place of Business Mailing Address
1440 E SEMORAN BLVD., STE. 102, UNIT A 1440 E SEMORAN BLVD., STE. 102, UNIT A
APOPKA FL 32703 APOPKA FL 32703

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **REINSTATEMENT 2003** City & State

Zip Country Zip Country

4. FEI Number **59-3633054** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, SCOTT C ESQ.
STUMP, STOREY & CALLAHAN, P.A.
37 N. ORANGE AVE., STE. 200
ORLANDO FL 32801

Name **Mike Allen**
Street Address (P.O. Box Number is Not Acceptable)
2132 Haas Rd
City **Apopka** FL Zip Code **32712**

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 **Mike Allen, CPA** **Model U. All** **9/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 **100023670261**
Make Check Payable to Florida Department of State **9/23/03--01069--001 **150.00**
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☒ Delete
NAME **WIBLE, LEWIS A JR**
STREET ADDRESS **P.O. BOX 915926**
CITY-ST-ZIP **LONGWOOD FL 32791**

TITLE **P** ☒ Change ☐ Addition
NAME **Jason Duty**
STREET ADDRESS **310 Lake Doe Blvd**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **V** ☒ Delete
NAME **DUTY, JASON H**
STREET ADDRESS **310 LAKE DOE BLVD**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **V** ☒ Change ☐ Addition
NAME **Bryant O'Quinn**
STREET ADDRESS **267 Woodruff Dr.**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE **S** ☒ Delete
NAME **O'QUINN, BRYANT R**
STREET ADDRESS **267 WOODRUFF DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **S** ☐ Change ☒ Addition
NAME **Silas Barr**
STREET ADDRESS **812 Rio A La Mano Dr.**
CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **L. Beth Raups** ☐ Change ☒ Addition
NAME **L. Beth Raups**
STREET ADDRESS **316 Lake Ave**
CITY-ST-ZIP **Maitland FL 32751**

TITLE ☐ Delete
NAME **REINSTATEMENT**
STREET ADDRESS
CITY-ST-ZIP **2003**

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** **9/23/03 407-461-4681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)