2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 22, 2000 8:00 am Secretary of State DOCUMENT # L06090 N E W DISTRIBUTORS, INC. 01-22-2000 90069 029 ***150.00 Principal Place of Business Mailing Address 215 MARTHA LANE 215 MARTHA LANE UU007422 OLDSMAR FL 34677-2274 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2970392 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: KUTCHINS, BRYAN A. Street Address (P.O. Box Number is Not Acceptable) 3974 TAMPA RD OLDSMAR FL 34677 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition Change ☐ Delete TITI F TITLE WESTFALL, BRUCE N., NAME NAME 19250 BINDERBASIN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GLOUSTER OH** Change ☐ Addition STD ☐ Delete TITLE TITLE FINLEY, PAMELA J. NAME NAME STREET ADDRESS 1514 PELICAN ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL Change ■ Addition ☐ Delete 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 ☐ Addition TITLE ☐ Delete 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 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

FILED