## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# M94235

Entity Name: A.S.K. DISTRIBUTORS, INC.

13014 N DALE MABRY BOX 749

TAMPA, FL

Address:

City-St-Zip:

FILED Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7941 N ARMENIA AVE TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** 13014 N DALE MABRY HWY **BOX 749** TAMPA, FL 33618 FEI Number: 59-2910842 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEINSTEIN, NEAL ESQ 412 EAST MADISON STREET **SUITE 1111** TAMPA, FL 33602 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KLINE, ANDREW S Name: Name: 13014 N DALE MABRY HWY BOX 749 Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: STD Title: () Change () Addition () Delete Name: KLINE, BRENDA J Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KLINE, BRENDA J STD 04/29/2003