

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005394

1. Entity Name

SELECT INDEPENDENT DISTRIBUTORS OF AMERICA, INC.

Principal Place of Business

421 LIVE OAK AVE
DAYTONA BEACH FL 32114
US

Mailing Address

P. O. BOX 667
DAYTONA BEACH FL 32115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3458701

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUCK, TINA B
421 LIVE OAK AVE
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME O'DONNELL, DAVID
STREET ADDRESS 46385 CONTINENTAL DR
CITY-ST-ZIP NEW BALTIMORE MI 48047

Delete

TITLE VP
NAME GANNON, TOM
STREET ADDRESS 4825 NW 6TH DR
CITY-ST-ZIP DES MOINES IA 50313

Delete

TITLE 2VP
NAME KIRK, BILL
STREET ADDRESS 2641 ROURK ST
CITY-ST-ZIP CHARLESTON SC 29405

Delete

TITLE D
NAME POLLACK, ROBERT
STREET ADDRESS 5750 N.W. 32ND AVE.
CITY-ST-ZIP MIAMI FL 33142

Delete

TITLE SD
NAME PENN, JOHN
STREET ADDRESS 900 HWY 54 EAST
CITY-ST-ZIP FAYETTEVILLE GA 30214

Delete

TITLE D
NAME SNOWBALL, VAN
STREET ADDRESS 1751 S. PARK RD
CITY-ST-ZIP HALLANDALE FL 33009

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Tina B. Houck
Signature and Typed Name of Signing Officer or Director

4/11/02 386-255-1411

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)