## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000007749

## **FILED** Mar 24, 2003 8:00 am Secretary of State

Sulfie, Apr. 8, etc.    Sulfie, Apr. 18, etc.	1. Entity Name WHOLESALE SOUTH DISTRIBUTING, INC.					03-24-2003 90149	012 ***	150.00		
SURE, ACT, 1, etc.  CD A State  CD A State  Country USA  Sure and Address of Current Registered Agent  7. Name and Address of Status Desired  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  CT CORPORATION SYSTEM  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL	6700 HWY.	27 N.	P.O. BOX 105035 ATTN: TAX DEPT.							
Suite, Apt. #. etc.    Suite, Apt. #. etc.	2. Principal Place of Business  3. Mailing Address  3. Mailing Address					1 100/1004 PAJ NOJEH BAZEA NGULE BOAZI BAZIA N			H	
DAYEN/FORT   L.   Spanse   S9-3630535   S9-3630535   Status Dissined   S9-3630535   Status Dissined   S8-75 Additional   Foot Required   Foot Required   S8-75 Additional   Foot Required   Fo						CHECK HERE IF MAKING CHANGES				
2. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Addre	City & State City & State					1. FEI Number 59-3630535				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  City  City  FL  Zip Code  City  FL  Zip		77 Country USA	Zip	Country	5	5. Certificate of Status Desired		5 Additional		
CT CORPORATION SYSTEM  1200 S. PINE ISLAND RD.  PLANTATION FL 33324  City  City  FL Zip Code  City  FL Code  City  FL Zip Code  City  FL Code		6. Name and Address of Current	Registered Agent		. 7	. Name and Address of New Registers	ed Agent	<del>-</del>		
Street Address (P.O. Box Number is Not Acceptable)				Name			<del>_</del>			
City  FL Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$500.00  After May 27 Fee will be \$500.00  After May 1, 2003 Fee will be \$500.00  After May 1, 2003 Fee will be \$500.00  After May 1, 2003 Fee will be \$500.00  After May 27 Fee will	1200 S. PINE ISLAND RD.			Street /	Street Address (P.O. Box Number is Not Acceptable)					
Delete BOLCH, JR., CARL SOUTH FL 33837  INC. ST. 2P  DAVENPORT FL	PLANTAT	10N FL 33324		}						
Time above named entity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Time above named entity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation and acc				City			Zin.	Code		
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	2. j hereby c	ertify that the information supplied with t	nis filing does not qualify for t			119.07(3)(i), Florida Statutes, Liurther o	ertify that ti	he information		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**