

8/6/0

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-06-2001 90072 042 ***150.00

08-29-2001 90010 041 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007775

1. Entity Name

WESLEY'S TOPS AND DISTRIBUTION, INC.

Principal Place of Business

1003 N. SHORE DRIVE X
LEESBURG FL 34748

Mailing Address

1003 N. SHORE DRIVE X
LEESBURG FL 34748

2. Principal Place of Business

720 SW 17TH ST

Suite, Apt. #, etc.

3. Mailing Address

720 SW 17TH ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59 362 8210

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWRY, ARCHIE O JR.
 308 E. FIFTH AVENUE
 MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

D
 WESLEY, JAMES
 1003 N. SHORE DRIVE
 LEESBURG FL 34748

TITLE ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete

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 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

TITLE
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13. 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 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.

SIGNATURE

JAMES R. WESLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/01 352 351 8117

Daytime Phone #

CR2E034 (10/00)