FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am DOCUMENT # P00000047790 **Secretary of State** 1. Entity Name MERIDIAN DISTRIBUTORS INC. 02-06-2001 90036 004 ***150.00 Principal Place of Business Mailing Address 814 CENTERWOOD COURT 814 CENTERWOOD COURT BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address 404 MERCANTILE COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 4. FEI Number 59-3646489 City & State City & State Applied For FLORIDA Not Applicable PLANT CITY Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGER WHITE, ROGER H Street Address (P.O. Box Number is Not Acceptable) 814 CENTERWOOD COURT BRANDON FL 33511 813 CENTERWOOD COURT 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 . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Change TITLE ☐ Delete WHITE, ROGER H NAME NAME 814 CENTERWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Delete TITLE VPD TITLE Change ☐ Addition POMPEY, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 5635 SUMMERLAND HILLS CIRCLE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Change _TITLE --- - Delete TITLE Addition ALBRITTON, JAMIE 2313 E.WOOTEN ROAD ALBRITTON, JAMIE NAME NAME STREET ADDRESS STREET ADDRESS 2313 E. WOOTEN ROAD DOVER FL 33527 CITY-ST-7IP CITY-ST-ZIP DOVER FL 33527 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE " ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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:

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