2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000097437 DOCUMENT #

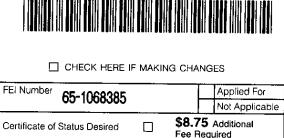
1. Entity Name ALVEY DISTRIBUTING, INC.



Principal Place of Business Mailing Address 5003 INDIAN BEND LANE 5003 INDIAN BEND LANE FORT PIERCE FL 34951 FORT PIERCE FL 34951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name ALVEY, WILLIAM **5003 INDIAN BEND LANE** FORT PIERCE FL 34951 City SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90157 031 ***150.00



DATE

7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code

Ω	The shown period active submite of the second		
٥.	The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent	ad office or registered agent or both in the State of Florida - Lam far	niliar with cand agonate
	the obligations of registered agent.	The state of the s	milai with, and accept
	grand and an agent.		

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE ☐ Change Addition ALVEY, WILLIAM L NAME NAME **5003 INDIAN BEND LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34951 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME ALVEY, ELENORE M NAME STREET ADDRESS 5003 INDIAN BEND LANE STREET ADDRESS FORT PIERCE FL 34951 CITY-ST-ZIP CITY-ST-ZIP b TITLE ☐ Delete TITLE □ Change [] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ess, with all other

SIGNATURE:

10.

;R2E034 (10/02)